death. Pres 4 may be retained by the hospital or attending physician. TO FUN. I. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h. stater death. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

		0000								-	_
1.	PLACE OF DEATH a. COUNTY Prince Ge			MARYLAND		aryla		b COU	Institution: Resid		ission)
_	b. CITY OR TOWN (if outside corporate lim	nits,	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN	If outside corpo		a RURAL and giv		
	Riverdale	give nearast town)		16 days	LLI H	vatte	ville				
			(if not in hos	pital, giva streat eddress)		ADDRESS	· · · · · · · · · · · · · · · · · · ·			a. IS RESID	
	Eugene Le	land Memor	ial		1 6	928 S	tandish	Dr.		YES N	-
3.	NAME OF DECEASED	Firs	t	Middla	Last		4. DATE	Montl	h Da	y Year	
		ari on	Emma	Allen			DEATH	1-10-	-62	19	
5.	SEX	6. COLOR OR RACI	7. MARRIE	D NEVER MARRIED	B. DATE OF BIR	TH	9.	AGE (In years last birthday)	Months Days		HRS.
	Female	White	WIDOWE	D DIVORCED	9/25/	02	15	9 угз.	Monnis Days	Hours /	
		TON (Giva kind of working life, even if retir		IND OF BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (Cour	nty & Stata, or f	oreign country)	12. CITIZEN	OF WHAT COU	NTRY
	Homemake		C	wn home	Mas				U.S.	A.	
13.	FATHER'S NAME	W G			14. MOTHER						
		rge Mc Gui				a Bro	own				
		'ER IN U.S. ARMED FO If yas give war or detes of			INFORMANT		п	Address			
		no			tover J	. All	en ny	attsv1.		NTERVAL BETWE	
	PART I. DEAT	H WAS CAUSED BY:	1/1	ina for (a), (b), and (c).]	in &	obo	~			ONSET AND DEA	
	4-41	DUE TO									
	Conditions, it any	which) (b)								
	(a), stating the u	DITE TO									
	causa last.	(c)								
CERTIFICATION	PART II. OTHE	R SIGNIFICANT COND	ITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASE	ONDITION GIV	VEN IN PART 1(a)	19. WAS AUT	ED?
FICA	20a ACCIDENT W	alexy as underlying [Joh DES	CRIBE HOW INJURY OCCURE	(Enter natura	of injury in	Part I or Part II	of item 18.)		112 X NO	П
	OR CONTRIBUTING	CAUSE OF DEATH	K	CRISE TOWN INSIGN OF COURSE	. (2.110.110.110.110.110.110.110.110.110.11						
MEDICAL	20c. TIME OF INJU Hour a.m.		While	Not While fac	ACE OF INJURY tory, street, office			or town)	(County)	(Sta	ta)
X	p.m.	19		ded the deceased from.	10-10	.4	10//	110	10/2	1 . (0 (\ \ I
				ded the deceased from1962, and tha							
	22a. SIGNATURE	DAP.	Lie	/	ATTENDI		MED.	STAFF PHYS.		22b. D	ATE
	22c. PHYSICIAN'S	Diones	acc	✓ × ∧	A.D. PHYS.		DIRECTOR] rn13. [.,		
	NAME (Type	D.R. Purdi	e M.D		4408		asbury	Rd. Riv	erdale,	Md.	
23	a. BURIAL, CREMAT	ION, 236. DATE THE		23c. NAME OF CEMETERY	OR CREMATOR	RY	23d. LOCA	TION (City, to	own or county)	(Stata)
r	REMOVAL (Specify)	ion Jan	12, 19	62 Alta	Vista		1		ginia		
24	FUNERAL DIRECTO			ADDRESS		25a. RE	JAN 1 5 '6	RAR 256. RE	GISTRAR'S SIGN	ATURE	
	r. Gasc	h's Sons	llyat	ttsville Md.		DATE			Irthur 2. 4	hand	
-											

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY	2.	e, STATE	nere deceased lived, If ins b. COUNTY	stitution: Residence before edmission)
Prince Georges	MARYLAND	Marvla		Prince Georges
	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	e corporete limits, write R	URAL and give neerest town)
Cheverly	a days	d. STREET ADDRESS	lt	10 RECIPELIES
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	el, give street address)	d, STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Coorses Cononel	110	21 77 0		YES NO X
Prince Georges General	HOSDI CAL	34 & Gres	cent Road	Day Yeer
DECEASED CONSTANCE	ANN	0	F EATH	40
(Type or print) Baby	Girl As	hbacher	16	Ian 182
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X 8. DA	TE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.
T . T . WIDOWED	DIVORCED [7]	7060	Vrs.	Aonths Deys Hours Min.
remare will be	D OF BUSINESS OR INDUSTRY 11	. SIXTHPLACE (County & SI	ate, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	D OT BOSINESS ON INDOSTRI	. DIKITITEACE (COUNTY & ST	are, or reverge country,	
NONE		Maryland		U.S.A.
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		
1000	1		NORDW	N.)
	CHER	Ann E	Address	724
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC (Yes, no, or unkown) (Ifyesgivewarordetesofservice)	OCIAL SECURITY NO. 17. INFO	RMANT	Address Par	ruas#2
	NONE James	en hallables	ther som	4 - 2
18. CAUSE OF DEATH Enter only one cause per line		De Device	· · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	alia 1. ca	Mrs. 1	l'in a no	ONSET AND DEATH
IMMEDIATE CAUSE (a)	aline Men	eviane of	you are	
DUE TO	·L	1. 11		
Conditions, if eny, winder (b)	emature	lix17.		
geve rise to immediate couse (b)		- Cu		
(e), steting the underlying DUETO				
ceuse last. (c)				
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DI	SEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
				YES NO THE
5 hove	THE HOLL HILLIAM OF CHIEF A		- Don't II of its - 10 1	113 [] 110 []
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBE HOW INJURY OCCURED. (Ent	er neture of injury in Peri I o	r ren il or ilem to.)	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)				
Z 20c. TIME OF INJURY Month, Dey, Yeer 20d. IN			f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. While et work		street, office bldg., etc.)		
p.m. 19 et work	at work			
21. I certify that (I) (this hospital) attended	ed the deceased from	/13 1902	, to 1/16	2, 19.62, that (I) (we) last
saw the deceased alive on1/16	160 and that de	ath occured at 12.2	OAM the causes a	nd on the date stated above.
	, and the doc		110111 1110 131001 1	22b. DATE
220. SIGNATURE	10 10	ATTENDING/ MED.	STAFF	SIGNED
i wow face.	M.D.	PHYS. DIRECTO	OR PHYS.	
22c. PHYSICIAN'S		22d. ADDRESS		
Dr. Milos A. Jansa		7403 Varnum	st Tando	ver Hills, Md.
	23c NAME OF CEMETERY OR C		LOCATION (City, town	
236. 8URIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	9.14	PA D	City, low	m 0 1
Burial 1-18-1962	for amoly	Comelery 12	Cadenslow	rg Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	DADDRESS 1 1 M.	25a REC'D BY	REGISTRAR 25b. REGI	STRAR'S SIGNATURE
W.W. Chambers Go. U	werdale, 48	DATE JAN 1	9 '62 CL	Town S. Vinner
		(DAIL		- 2, 100000
7077191162				

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Secretary Services of the Contract Section 1997

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY within 24 hours Prince George's Prince George's Warvland MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hyattsville 14 days Chever ly a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO Prince George's General Hospital 5205 46th Ave. 4. DATE Year 3. NAME OF Month DECEASED DEATH 19 bal (Type or print) Lisa J. Janhary 27 Ayres AGE (In years (IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X carbon last birthdey) and 12-8-61 Colored Female WIDOWED T DIVORCED 19 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) physician 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY remove done during most of working life, even if ratired) Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Then please Unk. Elizabeth Ayres 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? noval, (Yes, no, or unkown) | (Ifyesgive war or detes of service Mother Same as above the INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH by PART I. DEATH WAS CAUSED BY: Necrosis of the left Cerebral hemisphere IMMEDIATE CAUSE (e) peubis DUE TO Encephalomalasia (cause undetermined) geve rise to immediate cause DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)) 19. WAS AUTOPSY PERFORMED? YES TO NO 1 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) (County) (Steta) 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While et work et work DIRECTOR: 3 should be de saw the deceased alive on. 1-27 1962, and that death occurred at.1:30, from the causes and on the date stated above. 22e. SIGNATURE OR SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. page 22d. ADDRESS 22c. PHYSICIAN'S 7403 Varnum Street, Landover Hills, Md. Milos A. Jansa TO FUNE director, I be filed v 23d. LOCATION (City, town or county) (Stata) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Suitland, Maryland Lincoln 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1432 You Street, N.W. 15M 9/60 Jarvis Co. Clarker & Races

MARYLAND STATE DEPARTMENT OF HEALTH

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Andrew Cincoln

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par 4 may be retained by the hospital or altending physician.

TO FUNC. DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. As I and 8 hould be detached for use as the burial-transit permit. Then please remove carbon papers. But I and 8 hould be detached for use as the burial-transit permit. Then please remove carbon papers. But I and 8 hould be detached for use as the burial-transit permit. Then please remove carbon papers.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1) 06964

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) b. COUNTY						
Decines Comments MARYLAND							
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	1						
Cheverly days	Hyattsville 64						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e, IS RESIDENCE ON A FARM?						
Prince George's General Hospital	4443 Wells Parkway						
3. NAME OF First Middle	Last 4. DATE Month Dey Year						
DECEASED	OF						
(Type or print) Mary Susan	Baker January 25 1962						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER YEAR IF UNDER 24 HRS.						
Female White WIDOWED DIVORCED	January 12, 1962 yrs. 13						
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU							
done during most of working life, even if retired)							
Child	Maryland						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James F. Baker	777 - 77 D.J.						
	Ella F. Baker						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no. or unknown) (Ifyes give wer or detes of service)	7. INFORMANT Address						
No	Mother Same as above						
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN						
D /	Ata teclasis (Bilateraly) ONSET AND DEATH						
IMMEDIATE CAUSE (a) THIMO NA TY	Ala laciasis (Bilateral)						
5301	1 11 + 15						
DUE TO CONTRACT ST	lenosis of the Esophagus						
(5)	210313 0/ 1/16 /2 31/10/05						
geve rise to immediate cause							
(e), stering the underlying							
ceuse lest. (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH OF IF ETHER, NOTIFY MEDICAL EXAMINER	PERFORMED?						
	YES 🗖 NO 🖸						
O ACCIDENT WAS UNDERLYING ET 1 304 DESCRIBE HOW IN HIRV OCCI	JRED. (Enter neture of injury in Pert I or Pert II of item 1B.)						
☐ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU	RED. (Elliel lielate of injuly in roll of roll in or from rely						
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)						
Hour e.m. WhileNot While	factory, street, office bldg., etc.)						
Hour e.m. p.m. 19 While Not While et work							
at I and the that (I) (this hasnital) attended the deseased tro	om., 1/2 62, 19, to1-25, 162, that (I) (we) last						
21. I certify man (i) (mis nospilar) anended mo deceased no							
saw the deceased alive on	that death occured at 4:45, from the causes and on the date stated above.						
22e. SIGNATURE	ATTENDING AM STAFF SIGNED						
01,1100	PALLY TO DE PALLY TO						
Mulaun	M.D. PHYS. DIRECTOR PHIS.						
22c. PHYSICIAN'S NAME (Type) Dr. Condon W. Kallar							
NAME (Type) Dr. Gordon W. Kelley)	6124 - 41st Avenue, Hyattsville, Md.						
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	ERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)						
REMOVAL (Specify)							
Burial Removal 1/27/62 Montavist	ta Park Cem. Bluefield, W. Va.						
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	attaville Md IAN 2 0 100						
F. Gasch's Sons 4739 Balt. Ave. Hya	attsville pared. JAN 29 82 Cillus & Kous						
207725/163							

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Tr. Jergen W. Relley)

funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

(1) (1) (5)

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) a. STATE b. COUNTY
PRINCE GEORGES MARYLAND	MARYLAND PRINCE GEORGES
b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL and give neerest town) ANDREWS AIR FORCE BASE 9 HRS	X CAMP SPRINGS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	5020 MIDDLETON LANE.
USAF HOSPITAL 3. NAME OF First Middle	The state of the s
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) RAYFORD H	BELVIN DEATH JANUARY 4 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	5 MARCH 1916 Last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR'	
dona during most of working life, even if retired) TYPE OPERATER GOVT PRINTING OFF	TOTAL MODELLA CAROLENA
TYPE OPERATER GOVT PRINTING OFF	ICE NORTH CAROLINA UNITED STATES
	14. MOTHER 5 MAIDEN NAME
RAYFORD BELVIN	MARY BAKER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes, no, or unknown) (Ifyesgivewarordetesofservice)	NFORMANT Address
YES 1941 - 45	IRS DELILAH A BELVIN SAME AS ITEM #2
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IN CAYCOLOGY	of the Myocardum 14 hours
1.00 0 1 20000	1
Atherroscleve	osisof Covonny Auteures undetermined
Conditions, if eny, which gave rise to immediate ceuse	1 01011119 1101-3 001,001 111111
(a), steting the underlying DUE TO	makes in the following the state of the stat
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OIL	PERFORMED? YES NO TA
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour e.m. P.m. While Not Whila tector of the control of the cont) y, siledi, olilled bidge, dite.)
	3 January , 1962 to 4 January , 1962, that ((we) last
	death occured at 4.50 MA from the causes and on the date stated above.
220. STONATURE	ATTENDING MED. STAFF 22b. DATE SIGNED PHYS. X 4 JAN 62
Strong III. I DAY OUR AND W	
22c. PHYSICIAN'S NAME (Type) STANLEY M BIALEK CAPT USAF MC	USAF HOSP, ANDREWS AFB, MD
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY C	
REMOVAL (Specify Jan. 7-62 Wood lawn	
24 FUNERAL DIRECTOR'S SIGNATURE 1661- GOOD Hope 1	COL SE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Demmons Bris. WASh. 20 A	JAM 8 162 arthur & Krome
	2. / / / / /

日間を「日のでは、対策を持ついる」と TALE UNITABLE SHARES 1916 AS 25 - 101 The water of the March diese a straight solars of less solars with a Successful engineering and sectional a STANDER M. PLANSK DART TEKE NO USAR HOSP, ANDROLM ASS, INC. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNEY DIRECTOR: After this certificate has been signed by the attending physician and completely wind in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

So In Hospital Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. and in by the funeral is 1 and 2 should

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CLACE OF DEATH Prince Georges MARYLAND 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmineration) B. STATE Maryland D. COUNTY Prince George

1.	PLACE OF DEATH		2. USUAL RESIDEN	CE (Where de						
	Prince Georges	MARYLAND	a. STATE Maryland b. COUNTY Prince Georges							
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corpo	orete limits, write	RURAL and g	ive neerest	town)		
	Cheverly	5 hrs	30 Fair	mont He	eights					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spitel, give street address)	d. STREET ADDRESS					RESIDENCE		
	Drives Goowee Conewal	Hoenitel	5901	Shert	iff Road		YES	NO NO		
3.	Prince George General	Middle	Last	4. DATE	Month			/ear		
	Type or print)		22.1	OF DEATH	7	70		10.69		
- F	Baby	Girl	Blake		Jan	30		19 62 DER 24 HRS.		
٥.	Colored 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH		AGE (In years last birthday)	Months De				
	Female Plack WIDOW	ED DIVORCED	29 Jan. 196	6	yrs.		5			
10a	a. USUAL OCCUPATION (Give kind of work no during most of working life, even if retired) Non e	KIND OF BUSINESS OR INDUSTRY	Marylan		foreign country)	U.S		T COUNTRY?		
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		1				
	Wilbur Chase		Jane E Bl	ake						
		SOCIAL SECURITY NO. 17. II	NFORMANT		Address					
(1)	es, no, or unkown) (Ifyesgivewerordetesofservice)	1	Mother	Same	as abov	e				
-	18. CAUSE OF DEATH [Enter only one ceuse per		WO 01101			_	INTERVAL	BETWEEN		
	PART I. DEATH WAS CAUSED BY:	remature birth					ONSET A	ND DEATH		
	IMMEDIATE CAUSE (e)									
	DO LAS DUE TO	ulmonary Atelec	togia							
	(6)	ormonary wester	(do 10							
	geva risa to immediata ceuse (e), steting the underlying DUE TO									
	ceusa last. (c)									
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE O	CONDITION GIV	EN IN PART 1		S AUTOPSY REORMED?		
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Part II	of itam 1B.)					
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. While the p.m. 19	e Not While facto	CE OF INJURY (Home, farm pry, street, offica bldg., etc.		or town)	(County	')	(Stete)		
	21. I certify that (I) (this hospital) atter	ided the deceased from	29 Jan	19. 62 to	30 Jan	19.6	2 that (I) (we) last		
	saw the deceased alive on 30 Jan	19.62, and that	death occured at 2.	OOAM	the causes	and on the	date sta	ated above.		
	220. SIGNATURA	20 (X) M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNED		
	22c. PHYSICIAN'S		22d. ADDRESS							
	NAME (Type) Dr. Milos A. J.	ansa /	7403 Varn	um Stre	eet, Lan	dover]	Hills	, Md.		
23	a. BURIAL, CREMATION, 23b. DATE THEREOF	123c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City, tov	vn or county)		(Stete)		
	REMOVAL (Specify)	Prince Geo 6		Cheve	erly, Md	•				
24	FUNE DIRECTOR'S SIGNATURE	ADDRESS /			TRAR 25b. REC					
5	HOLIZA Jr. M ACMIN	44	DATE F	EB 6 '6	52 0	return S. 1	Cialle			
3	607721/3161	04								

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papers	in 72 h		
arbon	with		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

> TO FUNE:
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of interesting a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

Solution is a filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Dept.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 00067

0 0 0 1					
1. PLACE OF DEATH e. COUNTY	Design to	2. USUAL RESIDENCE (V	Vhere decessed lived, II		ce before edmission)
Prince George County b. CITY OR TOWN (if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	The second second	tince of	
write RURAL end give nearest town)	70.3-	14 7 mm			
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	10 days	Mt. Rain	nier,		e. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (IF NOT IN NO	spitel, give street eddress;	d. STREET ADDRESS		Md.	ON A FARM?
Prince George's General	Hospital	4203 Eastern	Ave. Mt.	Rainier	YES NO
NAME OF First	Widgle	Last 4.	DATE Mon	h Dey	Yeer
two -	lizabeth		DEATH	212	19 62
. SEX 6. COLOR OR RACE 7. MARRI	ED K NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In yeer		IF UNDER 24 HRS.
WIDOW		2 70 05	fest birthdey)	Months Deys	Hours Min.
- Pi	SIND OF BUSINESS OR INDUSTR	3-17-05	20	1 12. CITIZEN O	F WHAT COUNTRY
one during most of working life, even if retired)	IND OF BOSHAESS ON HADOSIN				
nomemaker		Washington,		U	.S.A.
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
James T. Townsend		Mamie Good	rich		
	SOCIAL SECURITY NO 17. 1	NFORMANT	Addre	55 354 Dod.	
Yes, no, or unkown) (Ifyesgivewarordetesofservice)	79-30-3802 Fm	nest M. Boss	4203 Ea	Mt. Rain	nier,Md.
18. CAUSE OF DEATH Enier only one ceuse per	line for (a), (b), and (a).	Hest M. Doss	4EUS Ea	stern Av	TERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	The state of	· D · · · D /			SET AND DEATH
IMMEDIATE CAUSE (e)	fortal us	should of e	wer	ك	year
5810 DUE TO					0
Conditions, if eny, which (b)				2.200	
geve rise to immediate ceuse					
(e), stelling the underlying				7.7	
(0)	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	ISEASE CONDITION G	VEN IN PART 1(e) 1	9. WAS AUTOPSY
				190	PERFORMED?
					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO 206. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING AUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I	or Pert II of item 18.)		
20c. TIME OF INJURY Month, Dey, Year 20d.	INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, ferm, 1 2	Of. (City or town)	(County)	(Stete)
Hour e.m. Whil	e Not While fact	ory, street, office bldg., etc.)			
p.m. 19 et wo	rk et work			/ -	
21. I certify that (I) (this hospital) atter		1-15 , 196	10 10	25, 1964,1	hat (I) (we) las
saw the deceased alive on	19.62 And that	death occured at./20.8	, from the causes	and on the da	ate stated above
22e. SIGNATURE	1/2 111				22b. DATE
Willicen 12	Tulker	PHYS. MED.	TOR PHYS.		SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS			
Dr. William B.	Gunther	9812 491	th Ave. C	ollege Pa	rk Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		d. LOCATION (City, 1		(State)
1/29/62	Arlington 1	Nat.Cemetery	Ft.Myer	r, Virgi	nia
4 FUNERAL DIRECTOR'S SIGNATURE		sh, D.C 25a. REC'D B	Y REGISTRAR 25b. R	EGISTRAR'S SIGNA	TURE
			2 9 '62	anthur & the	PULL
The S.H. Hines Co., 290	at then or !	N . W . DATE	E		The state of the s

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Date of Committee

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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								7 . 3	1 1111
1. PLACE OF DEATH a. COUNTY	Duines	laamee	MARYLAN	O STATE			If institution	Residence befo	
b. CITY OR TOWN	Prince (Marylan		-thth- DIII	Pr. Geo	
RURAL ond give	nearest town)	role limits, write	c. LENGTH OF STAT IN I		ingside	e corporare III	nits, write KU	KAL and give ned	diesi iowii)
d. NAME OF HOS	M	spital, give stre	et address)	d. STREET A		1			e. IS RESIDENCE
OR INSTITUTION	N			211-	Randolp	Road		(C) 100 (C)	ON A FARM?
=	Prince (- 45		as	-				
3. NAME OF DECEASED (Type or print)		JOHN	Middle	BRAWNER		DATE OF DEATH	Jan.	22	19 62
5. SEX	6. COLOR O	R RACE 7. MA	RRIED X NEVER MARRIED			9. AG			IF UNDER 24 HRS.
Male	Whit	e WIDO	WED DIVORCED	July 26	- 1892	63	yrs.	Manths Days	Hours Min.
10a. USUAL OCCUPA	TION (Give kind	of work dane 10	6. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (Stote or fo	reign cauntry)		12. CITIZEN OF	F WHAT COUNTRY?
Clerk	orking life, even i	Andr	ews Kirforce H	Base	Virgini:	a		U	SA
13. FATHER'S NAME	The state			14. MOTHER'S	MAIDEN NAMI				4 2 M MA
John Al	bert Bra	wner			Unk.				
15. WAS DECEASED E		AED FORCES? 1	6. SOCIAL SECURITY NO. 12	7. INFORMANT		300	Addre	SS	
(Yes. no, or unknown)	(If yes, give wor or	dates of service)		Mrs Virin	ia C. B	rawner	Sa	me as #	2.
		10 11	line far (a), (b), and (c).],	00	TC-				ERVAL BETWEEN
PART I. D	EATH WAS CAUS	AUSE (a)	Lipolardia	I muscal	herieur	Coga	klin	6 2	-30011
44	27	DUE TO	7			1	0		
Canditions, if	any, which	3.7	The said	a anti.	- 10	1000	eur	5	1048
gave rise to	immediate (DUE TO	Theren	a wew	مرميد	بالمالك	th.		
lying cause los		2 He	wite le	rebro-	lase	ula	rale	dent 4	7 Day
Z PART II. C	THER SIGNIFICA	NT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THETERMINAL	DISEASE CON	IDITION GIVE	N IN PART 1(o)	19. WAS AUTOPSY
CATI					E-1 TU				PERFORMED?
O (IF ETTHER, NOT	WAS UNDERLYING NG CAUSE OF FY MEDICAL EXA	G DEATH MINER) 20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter noture o	of injury in Port	or Port II of	item 1B.)		
3 20c. TIME OF INJ	URY Month, D	ay, Year 20d	. INJURY OCCURRED 20e.	PLACE OF INJURY	Home, farm, 2	Of. (City or to	wn)	(County)	(Stote
20c. TIME OF INJ		19 Whi	le Not while	foctory, street, office	e bldg., etc.)				
			nded the deceased fra	m1954	19	to 22	lan	1962/1	nat (I) (we) las
	ased alive a	10 /	196 > and the	' /	10 7/1		auses and		
22a. SIGNATURE		. \						/	22b. DATE
Sed	ren 2	U. Te	suru/	M.D. PHYS.	MED.	OR PH	YS. 🗆	22/67	SIGNED
22c. PHYSICIAN			1	22d. ADDR	ESS		1	_ Dist	rict Haht
NAME (Type	Sidne	y W. L	owry (7	200-Mar	lboro I	Pike S.	E.	Md.
23a. BURIAL, CREMA			23c. NAME OF CEMETER	Y OR CREMATORY		LOCATION			(Stote)
REMBUAL SPOT		24- 62	Washington	National	S	uitland	l, Mary	rland	
24 FUNERAL DIRECTO	OR'S SIGNATURE	1661	- Goodes Hope R	oad SE	250. REC'D BY		25b, REGIST	RAR'S SIGNATU	JRE
Alman so	A Prom	A Wash	ington, DO		DA 48 N 2 3	'62	Curion	7 S. Thurs	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page TO FUNERAL SCTOR: After this certificate has been signed by the attending physician and completely filled in the page 3 shavid be detoched far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Baard of Health priar to burial, cremation, ar remaval, and in ony everythmin 72 haurs after death. VR A15 (4) 15M 9/59

.075 .55 and algiotrolif-10. July 16- 1892 - 56 Athlesia director desarrante strett. Sales Manual Comment of Artical and a and the same which the configuration of the same of th THE STATE OF THE S To the this design of the collected the first perhaps the former of the second of the second Paralles Tile Inc. Dr. - totale . K. tyentille) Sintelland, Markethia Lynch no ministra to als one labor the first eggl, and a first to a first the first to

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before admission) e. COUNTY necessary, ector. Page iles. a. STATE b. COUNTY Prince George's MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town Hyattsville 3 mo Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1434 Kanawha Street 1434 Kanawha Street YES NO TO retains he State funé NAME OF First Middla 4. DATE DECEASED 3 to the OF Myrle Hollycross (Type or print) Brener DEATH January 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 1 and 2 with 72 hours at last birthday) Months | Deys Female Hours WIDOWED May 14,1899 62 yrs. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Page 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 orm PM3. Pag File pages 1 Housewife Own Home U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emerson Hollycross Latham event form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgivawarordatesofservica) with Brener. any same ss a burial-transit por removal, and 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY " in pencil i IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO DEFULY REPUISED AND ACTION OF STATE OF SHOULD BE CONTROLLED BY SHOULD BE CONTROLLED BY SHOULD BE USED AS SHOULD BE USED AS SHOULD BE USED AS SHOULD BY SHOUL (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179. WAS AUTOPSY CERTIFICATION PERFORMED? MEDICAL EXAMINER: This 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY IN or CONTRIBUTING Took excessive barbiturates CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 1/20e. PLACE OF INJURY (Home, farm, ! (County) (Steta) factory, street, office bldg., atc.) While Not Whila 10 62 at work at work Home Hvattsville P.G. Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection X Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner X CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY January 5, 1962 EXAMINER'S J ames I. Boyd NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) ₽40 g Plain City Burial Ohio Forest 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME '62 JAN 9 arthur & Kraya Riverdalen MarylandoATE SM 9/60 W. W. Chambers Co.

Items 18-21 Film 306 MARYLAND STATE DEPARTMENT OF HEALTH

alongoed combined the Person of the American e toernon nemini Secret eller of MEAST 1 1 506 Kandala Citarit vertical was a senses and sould be served Housewile Own Home Chio Moderate Date of March Addition of the contract of th W. W. Chenicks Co. Marithale, 1 crylings with a be-9

FOR STATE HEALTH DEI director. Page or your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deplease expected within 24 hours after death. If any deplease expected to the chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 12 may after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00977 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

TEM V	LIJIM GOU	9 2/10/02	LW K		
1. PLACE OF DEATH			E (Where decessed lived, I	f institution: Residence	before admission)
e. COUNTY		a. STATE	b. COII		
Prince George's	MARYLAND	Maryl	and	-	
b. CITY OR TOWN (if outside corporete limits, c. LENG	OTH OF STAY IN 16		outside corporete limits, wri	te RURAL end give ne	erest town)
write RURAL end give neerest town)				90 101 1	1
	day	Baltim	ore	SY01-4	•
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	street address)	d. STREET ADDRESS			e. IS RESIDENCE
Penn 707 Water Street					ON A FARM?
Rear 307 Main Street		1824 Asi	guith Stree	t	YES NO.
3. NAME OF First	Middle	Last	T. DATE Mon	th Dey	Yeer
(Tune or mint)	Danam		OF DEATH T		10.0
5. SEX 6. COLOR OF RACE ALABAMIC ALABA	Bren		Januar	y 25	1962
7. MAKKIED NEV	ER MARRIED B.	DATE OF BIRTH	9. AGE (In yeer: last birthdey)		UNDER 24 HRS.
Male White Whowsyn-	DIVORCED TO	ahm 7		Months Days	Hours Min.
111111111111111111111111111111111111111	ICINIECE OR INIDIACED	ebruary 7	1909 52 75		
done during most of working life, even if retired)	DEINESS OK INDUSTRE	II. BIKI HPLACE (Stete o	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
Groom Race t	moole	unkan		1112-6	
13. FATHER'S NAME	THUK	14. MOTHER'S MAIDEN N		1 00101-	worken
0		14. MOTHER S MAIDENT	AME		
moron		Machan	www.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. 17. IN	VFORMANT	Address		
(Yes, no, or unkown) (Ifyesgive weror detes of service)		1 ~ ~		0° 7.	
money until	100 mara	ice muesti	galion, ling	of forms!	
1 18. CAUSE OF DEATH [Enter only one cause per line for (e),	(b), end (c).]	(VAL BETWEEN
					T AND DEATH
PART I. DEATH WAS CAUSED BY:					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) EXD	onure to	cold			
MMEDIATE CAUSE (6) EXP	onure to	cold			
9 3 2 IMMEDIATE CAUSE (6) EXP					
Onditions, if eny, which (b)			the liver		
Onditions, if eny, which geve rise to immediate cause			the liver		
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying	tty infi	Ltration of	the liver		
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. MMEDIATE CAUSE (e)	tty infil	ltration of			
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. MMEDIATE CAUSE (e)	tty infil	ltration of			
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. MMEDIATE CAUSE (e)	tty infil	ltration of		VEN IN PART 1(e) 19.	PERFORMED?
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. MMEDIATE CAUSE (e)	tty infi	Ltration of	al disease condition gi		PERFORMED?
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. MMEDIATE CAUSE (e)	tty infi	ltration of	al disease condition gi	VEN IN PART 1(e) 19.	PERFORMED?
Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	esive per grodeath But NOT	Ltration of Cicarditis RELATED TO THE TERMIN.	AL DISEASE CONDITION GI	VEN IN PART 1(e) 19.	PERFORMED?
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20e. EXTERNAL CAUSE WAS PRIMARY Cor CONTRIBUTING CAUSE OF DEATH.	esive per grodeath But NOT	Ltration of Cicarditis RELATED TO THE TERMIN.	AL DISEASE CONDITION GI	VEN IN PART 1(e) 19.	PERFORMED?
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20e. EXTERNAL CAUSE WAS PRIMARY Cor CONTRIBUTING CAUSE OF DEATH.	esive per grouped. (En	Ltration of	AL DISEASE CONDITION GI	VEN IN PART 1(e) 19.	PERFORMED?
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20e. EXTERNAL CAUSE WAS PRIMARY INCOMPANY CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not While Not While	esive per grouped. (En cutred page 120s. Par	Ltration of Control of	I or Pert II of item 18.)	VEN IN PART 1(e) 19.	PERFORMED?
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not West work et work et were work.	esive per grouped. (En la	cicarditis related to the termin. ter neture of injury in Pert relation of the termin, in the control of the perturbation of t	I or Pert II of item 18.)	VEN IN PART 1(e) 19. YES (County)	PERFORMED? NO (Stote)
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20e. EXTERNAL CAUSE WAS PRIMARY INCOMPANY CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not While Not While	esive per grouped. (En la	cicarditis related to the termin. ter neture of injury in Pert relation of the termin, in the control of the bldg. etc.) ry, street, office bldg., etc.)	I or Pert II of item 18.)	VEN IN PART 1(e) 19. YES (County)	PERFORMED?
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) stating the underlying (c) add to the cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS PRIMARY Cor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not Vertwork of we work of the two the contribution of the cont	esive per property of the prop	Cicarditis RELATED TO THE TERMIN. Iter neture of Injury in Pert OF INJURY (ROM), Farin, ry, street, office bldg., etc.) King lot. d an Autopsy gr.,	I or Pert II of item 1B.) 1001 (CIT) or town)	VEN IN PART I(e) 19. YES (County) P. G. and in	PERFORMED? NO I
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c) stating the underlying (c). Adhermal cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS PRIMARY Cor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not Very While of work et will cause the contribution of the con	ESIVE DESTRUCTION DE LA COURRED DE LA COURRE	related to the terminal termin	I or Pert II of item 18.) 1 or Pert II of item 18.)	VEN IN PART I(e) 19. YES (County) P. G. and in	PERFORMED? NO I
DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS PRIMARY CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not Vest work et work et work et work death resulted from: Natural causes Accidents Accidents and Cause of the remains des death resulted from: Natural causes Accidents.	esive per property of the prop	Cicarditis RELATED TO THE TERMIN. Iter neture of Injury in Pert OF INJURY (ROM), Farin, ry, street, office bldg., etc.) King lot. d an Autopsy gr.,	I or Pert II of item 18.) 1 or Pert II of item 18.)	VEN IN PART I(e) 19. YES (County) P. G. and in	PERFORMED? NO (Stote)
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DUE TO Conditions, if eny, which geve rise to immediate cause (e), stating the underlying (c), stating the underlying (c) account to the part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH. 20e. EXTERNAL CAUSE WAS PRIMARY Cor CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not Vertwork et work et work et work et work et work et work. 21. I certify that I took charge of the remains des death resulted from: Natural causes Accidental SIGNATURE Accidental Causes Accidental SIGNATURE Accidental Causes Accident	esive per to DEATH BUT NOT NURY OCCURED. (En Mille work & Bai	Itration of Control of	I or Pert II of item 1B.) 1 or Pert II of item 1B.)	(County) P G and in manner	(State) Md my opinion
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James I. Boyd

Junnary 26, 1962

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland Prince George by the and 2 death. MARYLAND by th b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) write RURAL end give neerest town Kentland-Lyuw ville Kentland-Fyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 7646 Goodland Drive completely NAMEOF 4. DATE DECEASED (Type or print) within and cor 5. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White Male Sept. 3, 1902 WIDOWED T DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work remove done during most of working life, even if retired) Georgia Engineer Corporation 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Brewer ple 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unkown) | (Ifyesgivewarordatesofservice 13-18-3335 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). signed by I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the burial-transit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying

e. IS RESIDENCE ON A FARM? 7646 Goodland Drive YES NO F Day Yeer DEATH 1962 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 13tdirthdey) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. S. A. Lela Middleton Address Dorothy E. Brewer Same as #2 (Wife) INTERVAL BETWEEN LEROTIC CARDIOVASEVLAR Disease ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of injury in Pert I or Pert II of item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Not While While Hour a.m. at work at work aw 25 ..., 1967 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from... saw the deceased alive on. 22b. DATE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 1/27/62 Meadow Ridge Mem. Pk. Elkridge. Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Hyattsville, Maryland DATE JAN 2 6 '62 Francis Gasch's Sons

physician. certificate has been hospital as of use Po may be retained by the DIRECTOR: After this detached should the the director, p VR A15 (4) 15M 9/60

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death certificate be

Civilian S. Thans

b. COUNTY Prince George

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MARYLAND	STATE	DEPARTMEN	TI	OF HEA	LTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		00979		CERTIFI	CA	TE OF DEA	TH	F 160 3	1.		00	971	
1. PLACE	OF DEATH			1168	0 1	2. USUAL RESIDENCE	CE (Who	ere deceased live		n: Reside	nce befo	re admis	sion)
o. CO	Pri	ince George	e's	MARYL	AND	o. STATE Mar	vla	nd	b. COUNTY	rinc	e G	eorg	e's
RUR	Y OR TOWN RAL ond give elphi	(If outside corporate liminearest town) Md	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOW		le Ma	limits, write RL	JRAL ond	give nec	arest tow	n)
OR	INSTITUTION	ITAL (If not in hospitol, of				d. STREET ADDR		rd Stre	et,.				FARM?
3. NAME DECE	OF	ALMEDA		C. Middle	I	BRIGGS		4. DATE OF DEATH	Janu		26	•	Yeor 19 62
5. SEX		6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		B. DATE OF BIRTH	7.7	1870 9.	GE (In years	IF UNDE			ER 24 HRS
fe	male	white	WIDOW	ED KOK DIVORCED		Nov	4,	ABTA/	91 yrs.	Months	Days	Hours	Min.
10a. USU durir	AL OCCUPAT ng most of wo Hou	ION (Give kind of work rking life, even if retired Sewife	done 10b.	kind of Business or	RINDUS	TRY 11. BIRTHPLACE	(Stote	or foreign count	γ)		IZEN O	WHAT	COUNTRY
13. FATHI	ER'S NAME		11(1)			14. MOTHER'S MA	IDEN N	IAME					
	C	harles Hof	lund				ris	tine A	nderso	a			
15. WAS		ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		IFORMANT	17		Addi	_			
		no		none	Mr	s Donald	Har	vey 1	liverda	ale	M	ld	
18.		EATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	R	ne for (o), (b), and (c).]	-	Preul	ט רל	614			ON	ERVAL B SET AND	DEATH
gov	nditions, if we rise to use (o), stotin- ing couse lost	g the under-	Ar. Ge	terioschlan enerali- contributing to DEA	<u>z e</u>	d Arte	-10	schler	2120			D WAS	ALITOPS
-	racti	ired Let	& Hi	P 11-30-	61	· Sen	:11	+4			X1 1(0)	PERF	ORMED?
OR C	CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of in	jury in 1	Port I or Port II o	or item 10.)				
WEDICAL	TIME OF INJU Hour o. m p. m	10	While of wo	Not while		ACE OF INJURY (Hom ctory, street, office bld			town)		(County)		(Stote
				ded the deceased t				61, to_1					
	SIGNATURE	0 10 1		175 2 , and		ATTENDING	м	FD. 9	STAFF PHYS.	d on in	ie doit		2b. DATE SIGNE
	PHYSICIAN'S NAME (Type)		B.	Moyers		M.D. PHYS. 22d. ADDRESS 3 503		RECTOR [t. R	4 112	ier	Md.
23a. BUR	IAL, CREMAT	Jan 29,		23c. NAME OF CEME 2 Cedar H		Cemetery		23d. LOCATION	and Md			(Sto	ote)
24. FUNE	RAL DIRECTO	R'S SIGNATURE h's Sons	Hyat	tsville, Mo	d.		a. REC'	D BY REGISTRAR	101	STRAR'S S			

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND Maryland Prince Geor Prince George's Prince George's c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Bowie Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS 148 7th Street Prince George's General Hospital fun, 4. DATE Month DECEASED Daniel Walker Brookman Jr DEATH January (Type or print) 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 5. SEX last birthdey) July 3, 1961 Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if relired) Maryland None None form PM3. Pa iit. File pages 1 event within 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Carol Jeanette Hill Daniel Walker Brookman Sr with form | permit, File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service) ing" in pencil in Item 18
ser's Office along with forms
as a burial-transit permit. Daniel Walker Brookman Sr. No None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. which geve rise to immediate cause DUE TO (a), steting the underlying Examiner' cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. the Chief Me R: Page 3 shorior to burial, 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY fectory, street, office bldg., etc.) While Not While et work et work Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 3. 0 0 forwarded to L DIRECTO ated agent, p Undetermined manner Natural causes X. Suicide Accident Homicide death resulted from: CHIEF MEDICAL EXAMINER slease e. the should be forward by FUNERAL DIF ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE January 18,1962 DEPUTY MEDICAL EXAMINER EXAMINER'S James I. DEPU NAME (Type) Boyd Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, Burial (Specify) 1/22/622 Arlington National Arlington, Q40 P 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR JAN 1 9 '62 Chrimy & Thouse VS. AISME Hyattsville, Maryland DATE Francis Gasch's Sons

e. IS RESIDENCE

YES NO A

19

12. CITIZEN OF WHAT COUNTRY?

same as

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO T

> > (State)

and in my opinion

DATE SIGNED

(Stete)

Va.

U.S.A.

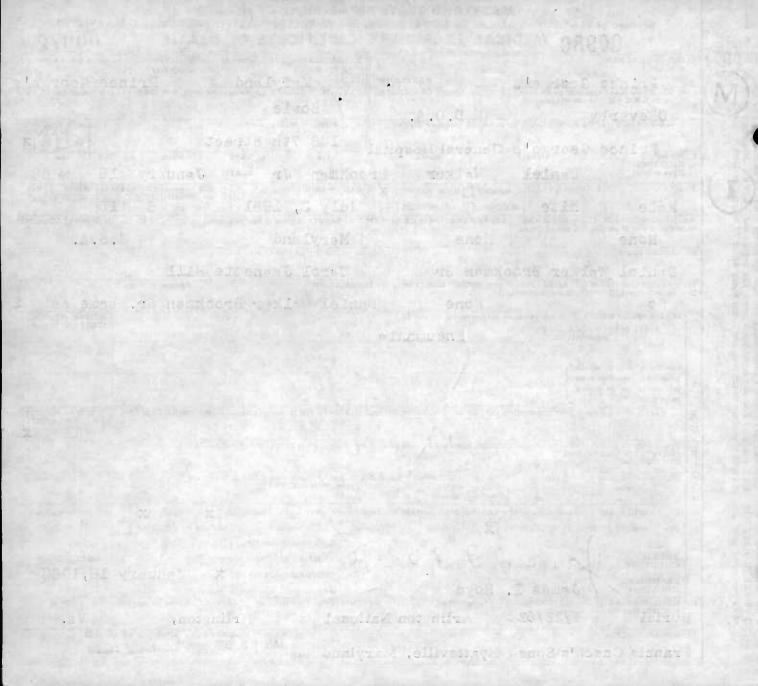
(County)

ON A FARM?

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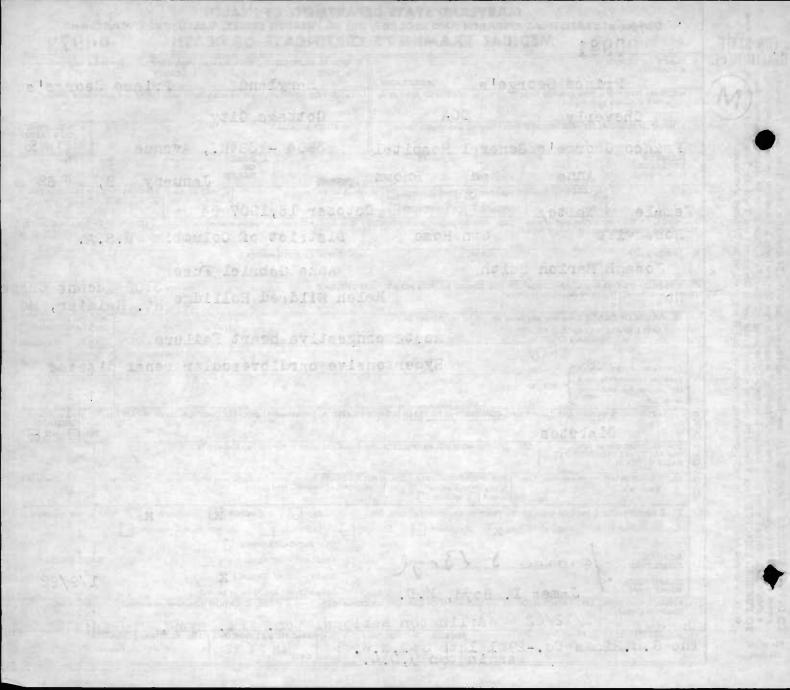
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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH e. COUNTY Page a. STATE files. Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town) your d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) DOA Cottage City d. STREET ADDRESS 38th George's General 3804 Prince Hospital 3 to the fur DATE DECEASED OF (Type or print) Anna Mae Brown DEATH with 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 2 with age 5 may 1 and 2 will 72 hours a and Female WIDOWED T DIVORCED October 15,1907 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) in Item 18. Give Pages 1, 2, Page domenduring most of everking life, even if retired) Own Home pages | PM3. | 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Marion Smith form WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes por unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] Office along burial-transit p PART I. DEATH WAS CAUSED BY. Acute IMMEDIATE CAUSE (a) removal DUE TO certificate should Conditions, if eny, which (b) gove rise to immediate cause O O DUE TO 98 (e), steting the underlying Examiner' 0 pe nsed cremation Diabetes Medical plnous 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 to the Chie 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 While Not While et work et work prior 3 the certificate, 21. I certify that I took charge of the remains described above, held an Autopsy Inspection should be forwarded FUNERAL DIRECT agent, death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUT NAME (Type) please et 4 should O FUNI Address (Street, city, town, or county) James
22b. DATE THEREOF 220. BURIAL, CREMATION, REMOVAL (Specify) Arlington National Cem. Ft buria VS. A15ME 11 '62 5M 9/60

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) b. COUNTY Maryland Prince George's
c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO X Year January 9 IF UNDER 24 HRS. last birthdey) Months Hours 12. CITIZEN OF WHAT COUNTRY? District of Columbia U.S.A. Anna Gabriel Fuse Address 3109 Quenns Helen Mildred Hollidge Mt. Rainier, Md INTERVAL RETWEEN ONSET AND DEATH congestive heart Failure Hypertensive cardiovascular renal disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of item 18.) 20f. (City or town) (County) (State) Inquiry & and in my opinion Undetermined manner DATE SIGNED 1/9/62 22d. LOCATION (City, town, or country) Cem. Ft. Myer Vingini
240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE arling S. Thouse

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT. director. Page director. Page for your files. TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please expected within 24 hours after death. If any delay is please expected to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

00074

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00082 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Prince George's MARYLAND	
	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admis
TATALAN A MANAGE AND A STATE OF THE STATE OF	a state aryland b. county Dringe Geor
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Cheverly	3 Chapel Oakes
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDE
Prince George's General Hospit	tal 5700 Sheriff Road YES NO
. NAME OF First Middle	Last 4. DATE Month Day Year
	Brown Death January 18, 19 6
SEX 6. COLOR OF BASE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9, AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 F last birthday) Months Dave Moure M
Female White WIDOWED I DIVORCED	Aug. 4, 1919 42 yrs. Months Deys Hours
On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN
done House of Wirfle, even if retired) Own Home	District of Columbia U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Spence	Lilly Mae Walters
5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address 1010 Addi So
	Raymond Nierrie Coleman Fairmont Ht
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY: IMMEDIATE, CAUSE (a) COR PULL	ONSET AND DEAT
(e), steting the underlying DUE TO	TuBurculosis
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMEE YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	(Enter neture of injury In Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State actory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	held an Autopsy X. Inspection X Inquiry X, and in my opinion
	icide, Homicide, Undetermined manner
death resulted from: Natural causes X Accident . Sui	
death resulted from: Natural causes X. Accident . Suit	CHIEF MEDICAL EXAMINER ADDATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE James 9. Boyl	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X January 18,19
ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. Boyd Re. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. Boyd REMOVAL (Specify) James I. Boyd 22c. NAME OF CEMETERY OF CAME OF CAME OF CEMETERY OF CAME OF CEMETERY OF CAME OF CEMETERY OF CAME OF CEMETERY OF CAME O	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or country) (Slete)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) James I. Boyd Re. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)

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FOR STATE please exacts the certificate, writing the word "pending in pendin in main a should be forwarded to the Chief Medical Examiner's Office along with TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permior its designated agent, prior to burial, cremation, or removal, and in any IO DEPUT VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A

	PLACE OF DEATH COUNTY Prin	ce George	· s	MARYLANI	a. STATE Mary	rce (where dec	b. COUD	Prince	e George	
		f outside corporate limits give nearest town)		2 months	Brown		rata limits, write	e RURAL and s	pive nearest to	
	d. NAME OF HOSPIT	Ritchie		, give street addrass)	d. street address	oro Ri	tchie	Road		A FARM?
	NAME OF DECEASED (Type or print)	Frank	C	middle harles	Brown	4. DATE OF DEATH	Janu		29 19	60
	sex Male	6. COLOR OR RACE	7. MARRIED WIDOWED		8. DATE OF BIRTH March 26,	1960	AGE (In years last birthday) yrs.	Months Da	ys Hours	Min.
do		ION (Giva kind of work rking life, even if retired		OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State		ntry)		S. A.	COUNTRY
_			1 110	110		NAME				
13.	FATHER'S NAME Alfred E	Idward Bro	OWN	CIAL SECURITY NO. L 1	Lucia J Lucia J Informant Alfred Edwa		wn, Sa		# 2	
13.	FATHER'S NAME Alfred E WAS DECEASED EV. ss, NO 8 unkown) (III 18. CAUSE OF D PART I. DEATI 7 5 3 Conditions, if any	ER IN U.S. ARMED FORCE Types give war or dates of section of the	OWN CES? 16. 500 WYICE) NON Cause par line	CIAL SECURITY NO. 1:	Lucia J	rd Bro	wn, sa	ame as	INTERVAL BE	
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13.	FATHER'S NAME Alfred E WAS DECEASED EV. IS, NO OF UNKOWN) (III 18. CAUSE OF D PART I. DEATH Conditions, if any gave rise to immedi (e), stating the u cause last. PART II. OTHER	ER IN U.S. ARMED FORCE Types give war or deleasof see PEATH [Enter only one of the was CAUSE By: IMMEDIATE CAUSE (a) DUE TO (b) R SIGNIFICANT CONDIT B OLVING AUSE WAS 200	OWN CES? 16. SOO rvice) Non cause par line to the total to the total to the total to the total tota	cial security NO. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	Lucia J Lucia J 7. INFORMANT Alfred Edwa	rd Brogenital	wn, sa	in b	INTERVAL BI ONSET AND P. I. N	DEATH

ACTUAL SIGNATURE AMOS J. Boyd M.D. EXAMINER'S James I. Boyd

22e BORIAL CREMATION, 22b.

.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

January 29,1962

Address (Streat, city, town, or county)

town, or county)

I. LOCATION (City, town, or country) (State)

3, FUNERAL DIRECTOR ADDRESS Washington Sons 4925 bleene are nE.

240. REC'DEY REGISTRAR | 246. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF TILALITY
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(1) (1) (2) (3) 18900

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission)
Prince George's MARYLAND	a. STATE b. COUNTY Maryland Prince George's
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly	Cedar Heights 30
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince George's General	6418 J Street YES NO
3. NAME OF First Middle DECEASED (Type or print)	Last 4. DATE Month Dey Yaar OF DEATH Tonyong 3.2 19.4
George F.	Brown January 13 1762
7. MAKKIED ZA NEVEK MAKKIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	December 1, 1884 77 yrs.
10e. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if ratired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	of Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address ME
	conge U. benum 4645 Jenne His.
18. CAUSE OF DEATH [Enter only ona ceuse per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Hydrothor	cax. Congestive heart failure. days
410	
Orac coronary occiu	usion with mural thoombus
gava rise to immediate cause Multiple pulmonary	
(a), stating the underlying DUE TO Coronary Arterioscl	Lerotic Heart Disease years
	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Gerebral thrombosis (left parieto-occip	PERFORMED?
	. (Enter netura of injury in Part I or Pert II of itam 18.)
	CT OT NUMBER OF
	CE OF INJURY (Home, farm, '20f. (City or town) (County) (State) ory, street, office bldg., atc.)
	December 12, 1961, to January 13, 1961, that (1) (we) last
saw the deceased alive on January 13, 19 61, and that	death occured at 3,00%, from the causes and on the date stated above
KSS James My.	ATTENDING MED. STAFF
22c. PHYSICIAN'S	DIRECTOR PHYS.
NAME (Typa) R.D. BAUER, M.D.	Prince georges general Horpital, ma
230. BURIA, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 1-17-62 Mt Oliv	OR CREMATORY 23d. LOCATION (City, town or country) (State)
24 FUNERAL DIRECTOR'S SIGNATURE Son 4/925 Pleane	DATE JAN 18'62 CHANG S. Krama
V - 1	//) INUIT AGING I

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ould ould	-

The law requires that the death certificate be executed within 24 hours death. Par 4 may be retained by the hospital or attending physician.

I O FUN. A DIRECTOR. After this certificate has been signed by the attending physician and completel ad in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 77

TO HOSPITAL 15M 9/60

OR ATTENDING PHYSICIAN:

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OGGS
CERTIFICATE OF DEATH 00985

. PLACE OF DEAT	Н				RESIDEN	ICE (Where	daceesed lived, If b. COUN		danca befora	admission)	
Prince G	eorge1s		MARYLAND	a. STATE	arvla	nd		ince Ge	orgals		
b. CITY OR TOWN	(if outsida corporata limits, d giva naarest town)		c. LENGTH OF STAY IN 16				rporata timits, write	RURAL and g	ive naarast to	wn)	
Cheverly			4 days	4/ Hy:	attsv	rille					
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	t in hospi	ital, give straet eddress)	d. STREET						ESIDENCE	
	orge's Genera	al Ho	spital	36	18 Co	oper	Avenue			A FARM?	
3. NAME OF DECEASED	First		Middla	Last		4. DATE	Month		Day Yas	ır	
(Typa or print)	Raymond		Henry	Brown	3	DEAT	ru Janu	ary 7	19	62	
5. SEX	6. COLOR OR RACE 7. A	MARRIED	NEVER MARRIED	8. DATE OF BIRT	Ή		9. AGE (In years			R 24 HRS.	
Male	10.000 0 4	DOWED		Decembe:	r 4.	1920	last birthday) yrs.	Months Day	ys Hours	Min.	
dona during most of we	FION (Giva kind of work orking life, even if retirad)	10b. KIN	D OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (Cou	nty & State,	or foraign country)	12. CITIZE	N OF WHAT	COUNTRY?	
~~ .	orking the, even it rentad)			Mar	ylan	d		U	.S.A.		
3. FATHER'S NAME				14. MOTHER'S	S MAIDEN	NAME		ſ			
Floyd G	rant Browne			Sus			7				
5. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	? 16. S	OCIAL SECURITY NO. 17.	INFORMANT			Address	Uzza de de	011211	3/5-3	
	If yas giva war or dates of service				cobo	th Dog		nyatt	sville		
	204100	A:		ignes Eli	zabe	th Bro	wne 301	8 Coope			
18. CAUSE OF DEATH (Enter only one cause par time for (a), (b), and (c).)										ONSET AND DEATH	
I A S	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Congestive Heart Failure									l year	
DUE TO											
Conditions, if an	y, which (b)	Cor	onary Artery	Disease				700	4 ye	ars	
gava rise to Immed	liata cause					300					
(a), stating tha cause test.	underlying							0.00			
	P SIGNIFICANT CONDITION	IS CONT	PIRITING TO DEATH RUT N	OT PELATED TO	THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART 10	11 19 WAS	AUTOPSY	
I AKI II. OTIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?										
	Left Illiac Embolism VES NO On. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.)										
OR CONTRIBUTING	AS UNDERLYING [2016] CAUSE OF DEATH MEDICAL EXAMINER)	b. DESC	RIBE HOW INJURY OCCUR	D. (Enter netura o	f injury in	Part or Part	f II of item 18.)				
20c. TIME OF INJU	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)										
20c. TIME OF INJU Hour e.m.	19	While at work	Not Whila 18	21017, 311201, 011100	Diagi, an	•••					
	that (I) (this hospital)	attende	ed the deceased from	April		1954	o Jan.	7 19 6	2 that (1)	(we) last	
saw the decea	sed alive onJa	n.	719.62., and the	at death occur							
220 HIGHATURE	00 0 1/4	-17 -	0.03	ATTENDIN	IG	MED.	STAFF			SIGNED	
nov	as c. Hora	Kel	ige	M.D. PHYS.	-		PHYS.		Jan.	8, 196	
22c. PHYSICIAN'S NAME (Type		Mag	eage, M.D.	22d. ADD	KE22	3308 Mount	Perry St Rainier	reet Maryl	and		
	ION, 236. DATE THEREOF		23c. NAME OF CEMETERY	OR CREMATOR	Υ		CATION (City, to			State)	
REMOVAL (Spacify Burial	1-10-62		Cedar Hill (emetery		Su	itland,	Marylan	d		
4 FUNERAL DIRECTO			ADDRESS		25a RF		ISTRAR 25b. RE				
		0.0		1 5 0	. IA			Chun S. H			
Deal Fune	ral Home 481	2 Ga	.Ave., N.W., W.	ash, D.C.	DATE						

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	ter death.		7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00986	CERTIFICATE	OF DEATH		00978
1. PLACE OF DEATH o. COUNTY STATE SORTING		STATE Where deceased	b. COUNTY	before admission)
RUR Mond give negrest to m	TH OF STAY IN 16 C.	CITY OR TOWN-IIf outside corpore	ate limits, write RURAL and giv	e nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 4714 Sheridan Street	12	STREET ADDRESS	dan Et.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JAMES LA	TWK ENCE	BUCKLE GOF DEATH	Jan-	Day Year 1962
S. SEX Married Wildowed Wildowed	DIVORCED 8. DAT	LT9, 1904	1 1 1 1 1 1	YEAR IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if metired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (Stote or foreign con	T Gran 12. CITIZE	S, FT.
13. FATHER'S NAME MES BUCK	Ley 14.	MOTHER'S MALDEN NAME KHTHERIN	e CRON	1)14
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	ECURITY NO. 17. INFORM	0010	4714-51	Lexiden ST.
1B. CAUSE OF DEATH [Enter only one cause per line for (o),	(b), ond (c).]	11-		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	once In	yocardel	0	ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stoling the <u>under-lying couse lost.</u> DUE TO (b) DUE TO (c)	hois of	hives I a	scites	2 molli
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT I	ELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HO' OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED. (Ent	er nature of injury in Port I or Port	Il of item 1B.)	
	CURRED 20e. PLACE O foctory, s	FINJURY (Home, form, 20f. (City treet, office bldg., etc.)	or town) (Co	unty) (Stote)
21. I certify that (I) (this hospital) attended the	/ 7	/ 84		that (I) (we) last
saw the deceased alive an 19	and that death	accurred at J.M. fram 1	he causes and an the	22b. DATE
Janatus Kulhen	M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	1/5/62 SIGNED
22c. PHYSICIAN'S NAME (Type) IGN ATIVS RV	TKOSK; M	2 ADDRESS 19-6	57. NW	Workylich
DELLONAL (Caracter)	ME OF CEMETERY OR CRE		ON (City, town, or county)	(Stote)
Bendyal Specify) 1/9/61	It. Olivet	Was	hington D. C.	
	PRESS	250. REC'D BY REGISTR		
Francis Gasch's Sons Hya	ttsville, Md	DATE AN 9 '62	Cuthun 2. 11	race

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 00987 Reg. Dist. No. 1 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND ECRGES death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) hould NASHINIGTON EABROOK d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION 1408 GARRISON 1608 RANKLIN 2 NAME OF First 4. DATE Middle Manth OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) FEMALE CAUCASIAN WIDOWED X DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) OUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNIN NOWN PARKER L'AKNOWN -15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MRS EVELYN CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO è ony permit. Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) Day, Year MEDIC factory, street, office bldg., etc.) Hour a. m. While Not while at work at work 21. I certify that I attended/the deceased fram. and that death occurred at ACTUAL

0

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION.

REMOVAL (Specify)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO TO Year 196 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12. CITIZEN OF WHAT COUNTRY? 2609"NEWTON WASHINGTON, INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES 🗍 NO ID (Stote) (County) 1962 that I last saw the deceased 6:30 MM, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) 22d. LOCATION (City, tawn, ar county) (Stote) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE

Civinus S. Thomas

AC II rigatived man	CERTIFICATE OF DEATH	
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The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

HIBACA

1. PLACE OF DEATH				1,11,11
	Mary State of the Control of the Con	2. USUAL RESIDENCE	(Where deceased lived, If ins	titution: Residance before admission)
a. COUNTY PRINCE GEORGE COUN	TTY	a. STATE VA	b. COUNTY	/ / /-
	MARYLAND		non	h Cumper land
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	utside corporata limits, writa R	URAL and give nearest town)
CHEVERLY	O MONIMIC	CATTA		82 V, 2
	2 MONTHS	CALLAD		3 X 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, giva street address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
ADSACORDA CHEVERLY CONV	AT. ESCENT HOME	R.F.D. #	1	YES W NO
3. NAME OF First	Middle		DATE Month	Day Year
DECEASED			OF	
(Type or print) INEZ		BURGESS	JANUAR JANUAR	Y 25. 1962
5. SEX 6. COLOR OR RACE 7. MARR	RIED T NEVER MARRIED B.	. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
				Aonths Days Hours Min.
FEMALE W WIDOW	VED DIVORCED	SEPT. 23, 188		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County	& Stata, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
		list de colone	16	77 0
13. FATHER'S NAME		14. MOTHER'S MAIDEN'N	A MF	LU.S.
0 65		11. 12.1	,	
Henry Durorsa		(1129 Dil	405	
	6. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(Yas, no, or unkown) (If yes giva war or datas of sarvica)				
NO.		S. H.A. LEUSE	NKAMP 810 GIST	AVE SILVER SPG.
18. CAUSE OF DEATH [Entar only ona cause per	r lina for (a), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	Brow chopre	umonia		2weeks
X	, ice is per c			
DUE TO				
Conditions, if any, which (b)	cenebral T	4 RDM 6031:	\$	Umos
gave rise to immadiata causa				
(a), stating the undarlying	genenALIzed	ANTENIA C	1 6 4 0 4 1 6	и
(0)	1			TYRS
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5				YES NO T
~ 1				
20. ACCIDENT WAS LINDERLYING I 1 20h DE	SCRIBE HOW INTIRY OCCURED	/Enter nature of injury in Pa	t Lor Part II of itam IR)	113 110 110 131
20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED.	. (Entar nature of injury in Pa	rt I or Part II of itam 18.)	TIS LI NO W
	ESCRIBE HOW INJURY OCCURED.	. (Entar nature of injury in Pa	rt I or Part II of itam 18.)	113 110 100
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	I. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm,		(County) (State)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d	I. INJURY OCCURRED 200, PLA			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year White Control of the Control of th	I. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm,		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at we	I. INJURY OCCURRED 20°. PLA factor at work	CE OF INJURY (Home, farm, ory, straat, office bldg., atc.)	20f. (City or town)	(County) (State)
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed v death. Page 1 may be retained by the hospital or attending physician.

O FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. TO HOSPITAL death. Page of the filed with 15M 9/60

THE RESERVE OF THE PROPERTY OF THE RIVER THE TREE CLEARLY SELECT AND THE SELECTION OF TH the state of the second second A WARRANT 2346 B Buck and a first development of the Therefore the test of the test Service to the service of the servic There is a second to the second second and the second second Jean J. M. Will & Mile 1. D. F. Mar 115 "

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Prince George Prince George's MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. c, CITY OR TOWN (If outside corporata limits, write RURAL and give naarest town) write RURAL and give nearest town) D. O. A. Fairmont Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS a. IS RESIDENCE ON A FARM? 6018 Sheriff Road General Hospital George's YES NO X 3. NAME OF DECEASED DEATH January Burroughs Elaine (Type or print) Tda 6. COLOR OR RACE 7. MARRIED NEVER MARRIED with 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Coloredwipower Female DIVORCED December 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 18. Give Pages 1, 2, form PM3. Page done during most of working lifa, evan if ratired) Bustodian School Maryland U.S.A. pages 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Edward Broome 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMA 1037 Brantly Address (Yas, no, or unkown) | (Ifyes give war or dates of service) Bernard Earlington Burrows Baltimore, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure DUE TO Arteriosclerotic heart disease gava rise to immadiate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY PERFORMED? NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X Inquiry X and in my opinion forwarded L DIRECT Natural causes X Undetermined manner death resulted from: Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE DEPUT ames I. Boyd January NAME (Typa) Address (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION REMOVAL (Spacify) 40 6 Mt. Auburn Baltimore, Maryland Buriak a 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME H Street, N.E. D. CPAIR JAN 2 9 '62 arthur S. Krous SM 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	PLACE OF DEATH				2. USUAL RESIDEN	CE (Whare deceased lived, If in	stitution: Residant	e bafore a	dmission)
	. COUNTY				a. STATE	b. COUNT			
	Prince G	eorge's		MARYLAND	Maryland	Prince C			
ŀ	o. CITY OR TOWN (i	f outside corporate limits, giva naarast town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write	RURAL and giva r	naarest tow	n)
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									A FARM?
		George's Ger	eral		R.F.D. B			YES _	ио М
	NAME OF DECEASED	First		Middle	Last	4. DATE Month	Day	Year	
	(Typa or print)	Henry		Jones	Butler	DEATH January	23	19	1962
5.	SEX	6. COLOR OR RACE 7.	MARRIED		B. DATE OF BIRTH	9. AGE (In years		IF UNDER	
A	(ale	0-1			7 77 69		Months Days	Hours	Min.
			VIDOWED		1-11-62	yrs.	112		
		ON (Give kind of work rking life, even if retired)	10b. KIN	D OF BUSINESS OR INDUST		nty & State, or foreign country)	12. CITIZEN O		OUNTRY?
-					Prince Geo	ge Maryland	U.S.A.	•	
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
10	Melvin	Thomas (or C	lark)	Marie But	ler			
	WAS DECEASED EV	ER IN U.S. ARMED FORCE	5? 16. 5		INFORMANT	Addrass			
(Yas	s, no, or unkown) (If	fyas give war or dates of serv	ica)		Mother	Same as above			
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		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	C	ongenital Hea	rt Disease				
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	Conditions, if any	(-)	25 0.		Tr monohuman .				
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Ó	PART II. OTHER	SIGNIFICANT CONDITIO	N3 CON	KIBUTING TO DEATH BUT N	OI KELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(0)		RMED?
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Ĕ	20a. ACCIDENT WA		Ob. DESC	RIBE HOW INJURY OCCURE	D. (Enter natura of injury in	Part I or Pert II of itam 18.)			
CERTIFICATION		MEDICAL EXAMINER)							
7	20c. TIME OF INJU	RY Month, Day, Year	1 20d IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, farn	n, ' 20f. (City or town)	(County)		(Stata)
MEDICAL	Hour a.m.		Whila		ctory, streat, office bldg., atc		(000,000)		,
X	p.m.	19	at work	at work					
	21. I certify t	hat (I) (this hospital) attend	ed the deceased from	Jan. 11	1962, toJan. 23	1962 t	hat (I) (we) last
						15, from the causes a			
	22a. SIGNATURE	A A			dean occured an	Wart, Holl the causes a	ild oil life de		DATE
	228. SIGNATURE	Mosar	wa	10)	M.D. ATTENDING	MED. STAFF		220	SIGNED
	22c. PHYSICIAN'S	1. 0			22d. ADDRESS				-
	NAME (Type)	Dr. Milos A.	Jan	sa	7403 Varnu	m St., Landove	r Hills,	Md.	om qui see on on on on on desirely
		ON, 236. DATE THEREC	F	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	n or county)	(SI	tata)
	Cremation	2-2-62	B	Prince Ger.	Gen. Hospital	Cheverly, Md			
	FUNITAL DIRECTOR		/	ADDRESS		O'D BY REGISTRAR 256. REGI		TURE	

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Chillian S. Kinus

Administra

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MARYTY , PAR. 171. MINISTERS

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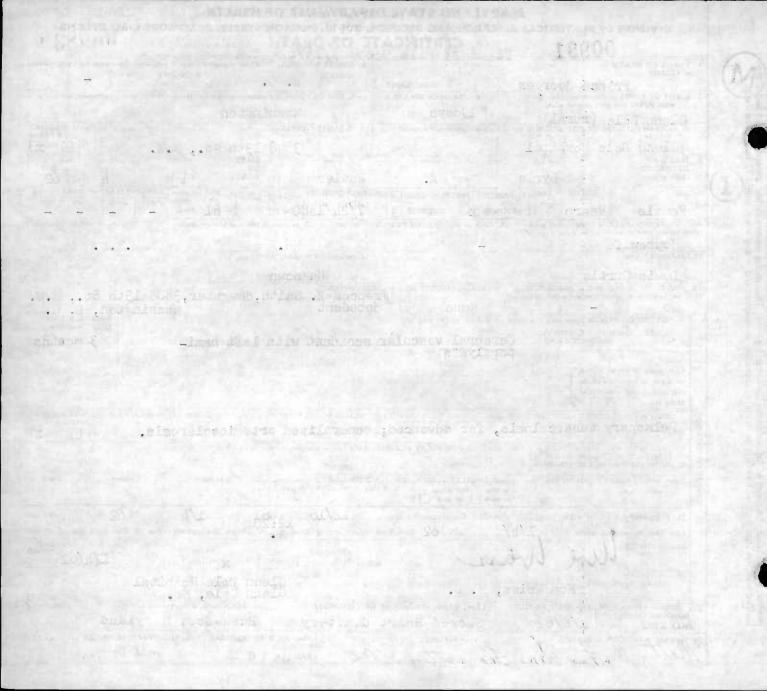
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MARVIAND STATE DEPARTMENT OF HEALTH **DIVISION OF** 00

	MARILAND	SIAIE DEP.	AKIMENI	OF	HEALI	п	
STATISTICA	L RESEARCH AN	D RECORDS,	301 W. PREST	TON	STREET,	BALTIMORE	1, MARYL
004	CER	TIFICATE	OF DEA	TH			11116

f	DIVISION	OF STATISTICA	AL RESI	CERTIFICA		PRESTO	ON STREE	T, BALTIM	ORE 1, MA	RYLAN	3
1.	PLACE OF DEAT	UU331	It	ems 23 Film G	305 1/1	5/62	CE (Where de	ceased lived, If	institution: Resid	ence before	edmission
	a. COUNTY				e. STATE			b. COUN			
		rince George		MARYLAND		D.			B11DA1		
	write RURAL e	nd give nearest town)	115,	c. LENGTH OF STAY IN 16	c. CITY O			orate limits, write	RUKAL end giv	re nearest to	own)
	Glenn Da	le (rural)		19days		Was	shington	n	411	X.3	
	d. NAME OF HOS	PITAL OR INSTITUTION (if not in he	spital, give street address)	d. STREET	ADDRESS	1 1				RESIDENCE
	Glenn D	ale Hospita	1			380	8 13th	St. N.	W		NO
3.	NAME OF	First		Middle	Last	200	4. DATE	Month			
	DECEASED (Type or print)	Lyd	ia	A.	Butler		OF	1		1. 10	9 62
5.	SEX				8. DATE OF BIRT	ч		AGE (In years	IF UNDER 1 YEA		FR 24 HRS.
				ED NEVER MARRIED			7.	last birthday)	Months Days		Min.
	Female	Negro	WIDOW	INC.	7/24/1	880		81 угз.	gma gm	0 000	-
10a	 USUAL OCCUPA one during most of y 	TION (Give kind of work vorking life, even if retire	k 10b.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	CE (Cour	nty & Stele, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY
	Housewi		,	-		Md			U.S.	٥.	
13.	FATHER'S NAME				14. MOTHER'				0.00	A1. 0	-
	Louis C	untie			77	aknow					
15.		VER IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO. 17.				Address			
	s, no, or unkown)	(If yes give wer or detes of s		F	rances E	Smi	th, daug	ghter, 38	308 13th	St.,	N.W.
	No	•	i	None	decedent			Wa	ashingto	n. D.	_C.
		TH WAS CAUSED BY:	cause per	line for (a), (b), end (c).]						INTERVAL B	DEATH
	Conditions, if er	(0)	par	ebral vascular alysis	c_acclden	t wi	th Left	hemi-		_3 mc	onths
	(e), steting the	underlying DUE TO									
	cause last.) (c)									
N O				NTRIBUTING TO DEATH BUT I							AUTOPSY ORMED?
Ę	rumona	ry tubercul	osis,	far advanced;	general	ized	arteri	oscleros	sis.	YES T	NO K
CERTIFICATION	OF CONTRIBUTIN	MAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	2Db. DE	SCRIBE HOW INJURY OCCUR	ED. (Enter neture o	injury in	Pert I or Pert II	of item 18.)			
MEDICAL	20c. TIME OF IN. Hour e.m.		er 2Dd. Whi	leNot While fe	LACE OF INJURY (actory, street, office			or town)	(County)		(State)
	21. I certify	that (I) (this hospi	tal) atter	nded the deceased from	12/1	5	1961., to	1/4	19.62	that (I)	(we) las
	THE RESERVE AND ADDRESS.	aded alive on	4. 4	1962, and th			0 / 1	, ,			
	22e. SIGNATURE		щ.ц		ar deam occur	ed alA	. 8 /VI, II OIII	life cadaes	and on me		2b. DATE
		uch n	ve.	n	M.D. ATTENDIN		MED. DIRECTOR	STAFF PHYS.		1/4/6	CICARET
	22c. PHYSICIAN' NAME (Typ		eiss,	M. D.	22d. ADD	G	lenn Da	ale Hosp			
23	BURIAL, CREMA	TION, 236. DATE THE	REOF	23c. NAME OF CEMETER	OR CREMATOR		23d. LOCA	ATION (City, tov	vn or county)	- ((Stete)
	REMOVAL (Specification of the control of the contro	1/8/62		Sacred Heart	Cemete:	су	Bush	wood, l	Marylan	d	
24	Pattingle	OR'S SIGNATURE	ne Z	ADDRESS (marttown)	ma.	25a. REC		RAR 25b. REC	GISTRAR'S SIGN		
	1	1	100	,							



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00992 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad lived, If institution: Rasidanca before admission) a. COUNTY reorges b. COUNTY OCUM DICK c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) ANDREWS AIR FORCE BASE e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF DATE DECEASED OF DEATH (Typa or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 1 2 2 yrs. Months Hours WIDOWED DIVORCED anding physician an please remove cand in any event 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if ratirad) UDENT 13. FATHER'S NAME affend Then 16. SOCIAL SECURITY NO. | 17. INFORMANT levor 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] the PART I. DEATH WAS CAUSED BY: CARDIO RESPIRATORY IMMEDIATE CAUSE (a) DUE TO MULTIPLE INTERNAL INJURIES INCL. CRUSHED CHE gave risa to immadiata causa DUE TO (a), stating the underlying TRAUMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 95 NO · use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) factory, streat, offica bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 8 Jan 62 , 19 to 8 JAN 1962 that (I) (we) last 19. 62, and that death occured at 1650 pm rom the causes and on the date stated above. saw the deceased alive on 8 January 22b. DATE 6 SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) RUFUS Capt USAF MC USAF HOSP ANDREWS AIR FORCE BASE, MD FUNE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) 0 ARLINGTON NATIONAL CEMETERY ADDRESS 5732 GEORGIA ASTEREND W REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

defen to a continuo a geno PENNICE GEORGES - THE MET OF CENTRE ANDREAS AR BASE OF THE LANGE STORY OF STATES JOHN O CABICAS TAN S GE M CAS PERSONE TANKS 37 32 STUDENT PHILETPHUE IS AUG USA CARINED LAISAH CADINA COMMICO YES DEFTING 218-28-26 (BUIGHED CLECKY HETELDING The state of the s WHITE EVENTURE CACH BARRIED HIT BY JET PLANE 45 mile et & Raphin Bright Proprie DEB P.G. MD. MITTER T STAND IT, IN, CASE COAT NO. LUGAR FORM ANDREYS ALE FORCE TA S. H. . They Arefold Cove Ja & January Landy Jane

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH		MARYLAND	2. USUAL RESID	DENCE (Where deceased	b. COUNTY	05 51110	ELECTION !
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	RURAL ond give	Ville		64	OWN (If dutside carpo	role limits, write kol	KAL ONG GIVE NO	0, 22 %
	d. MAME OF HOSE OR INSTITUTION	PITAL (If nat in hospitol, give str	reet address)	d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?
1	MAdis	SON MA	NOR Meurin	Heme				YES NO
3.	NAME OF DECEASED (Type or print)	MARION	ARLIE &	ALLA,	4. DATE OF DEATH	Month	3	1962
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	1/ - 1/		Months Doys	Hours Min.
1	MALE	- White wind	OWED DIVORCED	11/28	11888	73 yrs.		
100		TION (Give kind of work done torking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHE	ACE (State or foreign c	ountry)		F WHAT COUNTRY?
	Agent		Telegraph Co.	Arl			U.S.	Α.
13.	FATHER'S NAME	C 11 1			MAIDEN NAME			
	Georg	e Callahan			an Sparks			
	WAS DECEASED EN	VER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT		Addre	SS	
L	no		none					
		EATH [Enter only ane couse p	er line far (a), (b), and (c).]				INT	TERVAL BETWEEN
	PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Enemmyru	and a				2 wich
	Conditions, if gave rise to couse (o), statin	immediate DUE TO	Hypostal	in Con	litión		/	months
1	lying couse las				THE TERMINAL PIECES	E CONDITION CIVE	A. IN PART 1/-)	10 MAS ALITOPSY
CERTIFICATION	PART II. O	OTHER SIGNIFICANT CONDITION	ns contributing to DEATH BUT	-	rettyt	SE CONDITION GIVE	N IN PART I(d)	PERFORMED?
CERTIFI	OR CONTRIBUTIN	WAS UNDERLYING 20b. NG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature o	of injury in Port I or Pai	rt II of item 18.)		
MEDICAL	20c. TIME OF INJI Haur o. m p. m	1. 10 W		ACE OF INJURY (octory, street, office		y ar tawn)	(County	
	21. I certify th	hat (I) (this hospital) att	ended the deceased from.	12-12	1961ta_	1-3	1963, t	hat (I) (we) last
		ased alive on	21962, and that	death accurre	d atM, fram	the causes and	on the dat	
	220. SIGNATURE	mall C, Ed	gren	M.D. ATTENDIN	DIRECTOR	STAFF PHYS.	1-	3-62
1	22c. PHYSICIAN'S NAME (Type	DONALD C	EDGREN	22d. ADDR	35 H3	East-by	Many.	English !
23 E	BURIAL, CREMAT	1/5/62	Ft. Lincoln			nar Mano		(Stote) Md.
24	FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS		25a. REC'D BY REGIS	TRAR 25b. REGIST	TRAR'S SIGNAT	URE
	Francis	Gasch's Sons	Hyattsville,	Md.	DATE JAN 5	'62 0	other 8. to	Creek

				,	
			.oligimale/e		THO
					o Tuco
			ž i		
		ALC: THE SECOND SECTION			
Transfer to a contract to the		16 S L 200 L 2 3 17			
	No. 12		pleanis	1000	

ed in by the funeral The law requires that the death certificate be executed within 24 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we death. Pass 4 may be retained by the hospital or attending physician. TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

VR A1S [4]

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (1) (2) USUAL RESIDENCE (Where decessed lived, If institution: Residence before edge

	CE OF DEATH					RESIDENCE	Where dece			dence before	edmission)
0. 00		nce George	s	MARYLAND	e. STATE	D.	C.	b. COUN	IT	- 1	/
		outside corporete lingive neerest town)	nits,	c. LENGTH OF STAY IN 1	c. CITY O	R TOWN (If ou	tside corpora	te limits, write	RURAL and g	ive neerest tov	vn)
G	lenn Da	le (rural)		6 days			hingt	on	4	7X -	3
d. NA			_	hospital, give street eddress)	d. STREET		1.044	D3.000	N TO		A FARM?
		Dale Hospi						Place,			№ 🔀
	EASED	Fin		Middle	Last	4.	DATE	Month		Day Yee	,
	or print)	Bet			Cary		DEATH	T	2	17	62
5. SEX				RIED NEVER MARRIED	B. DATE OF BIRT		9.	AGE (In years ast birthday)	Months Day		R 24 HRS. Min.
- "	male	Negro	1	WED DIVORCED	185		170	75 ms.	110 (1717)	N OF WUAT	COLINERDY
done du	ring most of wor	ON (Give kind of wo king life, even if reti	rk 10-b red)	. KIND OF BUSINESS OR INDU		ACE (County &	State, or for	reign country)		N OF WHAT	COUNTRY
0.00	sewife			H	Va•				USA		
	HER'S NAME	1				S MAIDEN NA					
-	Jim Tay					nnie Le	WIS	A 1.1			
(Yes, no,	or unkown) (If	R IN U.S. ARMED FO yesgive werordeteso	service)		. INFORMANT			Address			
No					Decedent					INTERVAL BE	TAMERA
18.		WAS CAUSED BY:		er line for (e), (b), and (c).]	2 01 2					ONSET AND	DEATH
		MMEDIATE CAUSE (Pu.	lmonary emboli,	leit lu	ng				1 day	
	Toda,	d DUE TO			above and as	أمسط ما	B 2 200			unkno	מדער
	ditions, if any, e rise to immedia	te ceuse		generated thron	nous, rig	nt atri	CUM			unnic	WII
	steting the un	derlying DUE To	0								
	PART II. OTHER	SIGNIFICANT CONF	ITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE CO	NDITION GIV	EN IN PART 10	11 19. WAS	AUTOPSY
Pn	eumonit	is, right:	hyp	ertensive and	arteriosc	lerotic	card:			YES K	NO T
20e.		AS UNDERLYING FI		lar accident w				f item 1B.)	-	1123 46	110
OR OR O	CONTRIBUTING	CAUSE OF DEATH	1								
WEDICAL 20c	Hour e.m.	RY Month, Day, Y	W		PLACE OF INJURY fectory, street, office		20f. (City o	r town)	(County	·)	(Stete)
	p.m.			ended the deceased from	1/23/	19.	62 to	1/29	196	2 that (I)	(we) last
		., .		/19.62, and the		1101	1 4				
	SIGNATURE	11 1	a and	, , und 11					011 011 1110		DATE
		une l	Men	2	M.D. ATTENDIN	NG MED.	CTOR X	STAFF PHYS.		1/29	1962
22c.	PHYSICIAN'S NAME (Type)	Moe We	eiss,	M.D.	22d. ADI	DRESS		nn Dale nn Dale		tal	
	RIAL CREMATIC	ON. 236. DATE TH	-63	3c. NAME OF CEMETER	nh	Y 2	10	ion (City, tov			State)
Mile	eral director	s signature	un	Fredericko be	7, on	25a. REC'D	BY REGISTRA	AR 25b. REC	GISTRAR'S SIG		
		-//									

. Call . Bond's Ed All COR AUU SHULL THE LANGUAGE COMPANY OF THE SHARE SHEET Mari Litera to Avenue England at the country with I will the top was not a feet of the contract there

FOR STATE HEALTH DEP TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please ex.

1 the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mey be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hopesafter death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1995 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before	e edmission)
Prince George's MARYLAND	• STATE Maryland Prince George	ngela
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest to	
/ Riverdale D.O.A.	Oxon Hill	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)		RESIDENCE
Leland Memorial Hospital	6490 Oxon Hill Road / YES	NO A
3. NAME OF First Middle DECEASED	OF	ear
(Type or print) Franca Cast	cle Death January 30 19	9 62
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	Latin Land	ER 24 HRS.
Female White widowed DIVORCED	March 16, 1931 30 yrs. Months Deys Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT	COUNTRY?
House wife Own Home	Italy U. S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Neri Battaglini	Elaine Pilsen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	NFORMANT Address	
	y Wilkinson Stuart Castle, same	28 #
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL B	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage at	ad shock	DEATH
97 6 V DUE TO		
	nd of the head	
geve rise to immediate ceuse	14 01 0110 110 84	
(e), steting the underlying DUE TO		
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 172. WAS	AUTOPSY
A10	PERF	ORMED?
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED.	nter neture of Injury in Pert I or Part II of item 18.)	C NO 1
PRIMARY N or CONTRIBUTING		
Shot self in I	CE OF INJURY (Home, farm, † 20f. (City or town) (County)	(Stete)
To g House e.m. While Not While feet	ory, street, office bldg., etc.)	(21616)
34 110		
21. I certify that I took charge of the remains described above, he	44	opinion
death resulted from: Natural causes , Accident , Suic	de, Homicide, Undetermined manner 🔀	
	CHIEF MEDICAL EXAMINER	
SIGNATURE James I, Lond	M.D. ASSISTANT MEDICAL EXAMINER	GNED
EXAMINERS TO POUR	DEPUTY MEDICAL EXAMINER 2 1/30/62	
NAME (Type) / James I. Boyd	Address (Street, city, town, or county)	
220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or country) (St	ete)
BUKING YEBX-196XSTBARNA	BAS OXON HILL MID	
23. FUNERAL DIRECTOR ADDRESS 5/7-1/	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
WWCHAMBERSCO WASHINGTON	T DC DATE FEB 5 OF Orthur S. Knows	
<u>></u>		

The late of the same of the sa Since (allega dreads acan wall you are one HUMBEL PERSONALS TERRITARES - TOXON HILL YER WING THE RECE WINDHINGSON DE STE

1. PLACE OF DEATH a. COUNTY ctor. Page our files. of Health, Prince George's MARYLAND b, CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Prince George's General Hospita] retaine he State the DECEASED the (Type or print) Donald Lee with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Page 5 may to 1 and 2 with n 72 hours of WIDOWED [DIVORCED [Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None None pages PM3. 13. FATHER'S NAME File Willard Vinard C havers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no. or unkown) | (If yes give war or dates of service) None Office along w burial-transit pu 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) removal, DUE TO should Conditions, if any, which gave rise to immediate cause on ro DUE TO the Chief Medical Examiner R: Page 3 should be used as (a), stating the underlying 0 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I CERTIFICATION the certificate, writing the word EXAMINER: This 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 0 Not While Hour e.m. IL DIRECTOR: Pare at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [], death resulted from: Matural causes XX Accident Suicide

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Maryland Prince George s
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4904 YES NO TO Year OF DEATH January Chavers 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH August 22,1961 last birthday) Months 10b. KIND OF BUSINESS OR INDUSTRY | 114 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Maryland
14. MOTHER'S MAIDEN NAME U.S.A. Ruth Caroline Kline Willard Vinard Chavers, same as ONSET AND DEATH Acute congestive heart failure Congenital heart disease. septal defect 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Inspection X Inquiry T and in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER M.D. Addr Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE DATE JAN 3 1 '62 C. Bus & Thous

VS. A15ME 5M 9/60

TO DEPUT please ex 4 should TO FUNE

Should se for

designafed

6

ACTUAL

SIGNATURE

EXAMINER'S

REMOVAL (Specify)

NAME (Type)

23. FUNERAL DIRECTOR

207718116 chambers

22a BURIAL CREMATION, 22b. DATE THEREOF

James

Boyd

slagnost moning - Admingstrate Prince Secree's affivottey .A.G. .. V MOV Paines George's General Hogoltan 1904 - Most, Place Donald Ina Chavers France, EL, 68 Ler, a samue Talu White and the tweether a eno william Vaneta Charent, waste new Sometime Money BUTCHEST STANDOUT TO BELL TO THE TOTAL DANAG I

CERTIFICATION

MEDICAL

ACTUAL

SIGNATURE

EXAMINER'S

director. Page Health, State the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the functional by invested to the Chief Medical Examiner's Office along with form PM3. Page 5-may be retained FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State death MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, if any 1 and 2 with 72 hours after permit, File pages removal, and in any 9 Page 3 should be user to burial, cremation, its designated agent, prior to TO DEPUT plnods please ex 409 VS. A15ME 5M 9/60

Items 20821 Film 307 MARYLAND STATE	DEPARTMENT OF HEALTH
División of STATISTICAL RESEARCH AND RECOR	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00997 MEDICAL EXAMINER	R'S CERTIFICATE OF DEATH 011989
1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. STATE b. COUNTY
b. CITY OR TOWN (if outside corporete limits) c. LENGTH OF STAY IN	Mary land Prince Henree d
b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN write RURAL and give nearest town)	11b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	6 Hysttsville
	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3907 Longfellow Street	3907 Longfellow Street YES □ NO 😾
DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Fannie Estelle	Clark January 24. 19 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	June 1, 1875 86 yrs.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR IND	OUSTRY 11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife At Home	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nelson Ridgel	Green Henle of
Nelson Ridgel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Susan Fenhagen Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	
No None	Myrtle Marie Kruger Same as #2
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (e) Pneumonia	- Control of the Cont
DUE TO	
Conditions, if any, which (b)	
geve rise to immediate cause DUE TO	
(e), stering the underlying	
(c)	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
E PARTIE STREET STREET CONDITIONS CONTRIBUTING TO BEATTI	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Erecture of L	aft shouldon 1/10/62 YES NO E
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH NO COLUMN FELL IN home.	eft shoulder 1/10/62 TES NO K
	fell over some andirons
3 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)

fectory, street, office bldg., etc.) Hour e.m. 1-10 While Hyattsville

Not While P.G. et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion Natural causes X. death resulted from: Accident Suicide Homicide Undetermined manner

> CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DATE SIGNED DEPUTY MEDICAL EXAMINER 1/24/62

Md.

(Stete)

James I. Boud M. 1 2b. DATE THEREOF 22c. NAME OF ANN. 27, 196Z NEW CA Address (Street, city, town, or county) 22d. LOCATION (City, town, or country)

BALTIMORE, ND.
REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

BURIAL

21. FUNERAL DIRECTOR

PMIN 2 9 '62

alung S. Kraus

TO SELECTION TO THE SERVICE AND ADDRESS OF THE S a tan note, bound to the same of the same and the second of The Paris of Land conding harde 32/23/ [A COMPANY OF THE PARTY OF THE P the terms where terring little to the second OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician. ed in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 houndeath. Page 4 may be retained by the hospital or attending physician.

TO FUNITY DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers as 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 77 VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

	EHENRA A					
1. PLACE OF DEATH				NCE (Where deceased live		ance before edmission)
Prince	Con	MARYLAND	a. STATE	arvland	OUNTY	
b. CITY OR TOWN (IF	f outside corporate limits,	c. LENGTH OF STAY IN 16		(If outside corporata limits,	write RURAL and giv	e nearest town)
writa RURAL and	give nearest town)		10			
Cheverl				tsville		IS DESIDENCE
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRES	5		e. IS RESIDENCE ON A FARM?
Prince	Geo. Gen. Hosp		1,577	Longfellow S	t.,	YES NO
3. NAME OF	First	Middle	Last	4. DATE	Month Da	y Year
(Type or print)	17.			OF DEATH	,	10 (0
	Alice	F. (logar			19 19 62 R1 IF UNDER 24 HRS.
5. SEX	6. COLOR OR RACE 7. MAR	RIED K NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In)	dey) Months Days	
F	W WIDO	WED DIVORCED	5-3-03		58	77111
100. USUAL OCCUPATION	ON (Give kind of work 10b	. KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (Co	unty & State, or foreign cou	intry) 12. CITIZEN	OF WHAT COUNTRY?
done during most of wor	rking life, even if retired) U	S Government	Was	hington D C	US	A
	OLCIR	S -Over Illient	1			
13. FATHER'S NAME		Control of the Contro	14. MOTHER'S MAIDE			
Frank	Cauffman		Pe	arl Coulter		
		16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Ad	Idress	
(Yes, no, or unkown) (If	yes give war or dates of service)		Marvin	E Cogar Hy	attsville	e Md.
Lio arrow on b	EATH [Enter only one ceuse p					NTERVAL BETWEEN
			n 1			ONSET AND DEATH
	H WAS CAUSED BY:	usestine Heart	Juleire		1	mounter
1770	DUE TO					
C	M	usraidial do	Lastin a	econdary 1		
Conditions, if any geve rise to immedia	1 1	honary Includ	i de la company	and rocking !	-	
(e), stating the un	DI IE TO	monding or all	in	1.		
causa last.	(c) Co	ronary arteris	seleration	Heart Dese	ne	
Z PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CONDITION	N GIVEN IN PART 1(e)	19. WAS AUTOPSY
E E	North France St.					YES NO 1
PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING OR CONTRIBUTING	AS LIMIDEDLYING ET 1 201	DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury i	in Part I or Part II of item 18	1	
20a. ACCIDENT WA	CAUSE OF DEATH	DESCRIBE HOW INJOKY OCCURED.	(Luter Herdre of Hildry I	III FOIL TO FOIL II OF HOUR TE	•/	
	MEDICAL EXAMINER)				- 10 TO 10 T	
S 20c. TIME OF INJU	RY Month, Day, Year 20		CE OF INJURY (Home, fe		(County)	(Stata)
20c. TIME OF INJUI	-4	hile Not While tector	ory, street, office bldg., e	91C.)		
			1 (-			
21. I certify th	nat (I) (this hospital) att	ended the deceased from	1-14-62	, 19, to	-19-6219	, that (I) (we) las
saw the decease	ed alive onl_10	2-6219, and that	death occured at.	3 . 50 fr mil the cau	ises and on the	date stated above
220. SIGNATURE	1 1 1	71				22b. DATE
	Jan. 1 1 9	Le -	ATTENDING	MED. STAFF		SIGNED
	TIME CO	A M	D. PHYS.	DIRECTOR 1 11113.		
22c. PHYSICIAN'S NAME (Type)		0				
	Dr. Edgren		4314	Gallatin St.	, Hyattsv	ille,Md.
23a. BURIAL, CREMATIO	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CHEKANDURY X	23d. LOCATION (Cit		(Stete)
REMOVAL (Specify)	Jan 23, 19	62 Arlington Na	tional	Arlington	n Va	
				DEC'D BY DECISTRAD CEL	DECISTDADES SICA	JATURE
F. Gasc	en's sons ny	attsville Ma.	DATE	JAN Z T UZ	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR	Jan 23, 190	Arlington Na ADDRESS attsville Md.	tional 25a. F		n Va	NATURE

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Springer Hebridge Motor - Park

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dom in the section of the section of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	LACE OF DEATH				2	. USUAL I	RESIDEN	CE (Where de	ecaasad lived, If	institution: Ras	idanca baf	ore admission)	
1	COUNTY					a. STATE			b. COUN				
1 h	CITY OF TOWN (orge s	ite	MARYLA c. LENGTH OF STAY		Mary.		f autride corr	Prince	George	e's	t town)	
1	writa RURAL and	give naarest town)	115,		10	C. CITTO	K TOWN (I	I oniside cost	orala lillins, will	A KOKAL and S	lite liegies	1 10 1111	
	Cheverly			l day		Bowie							
				pital, give street address)	d. STREET	ADDRESS					ON A FARM?	
	Prince Ge	orge's Gen	eral I	Hospital	1 4	Pine	Ridge	e Rd.,	Highbri	.dge		NO 🔼	
	IAME OF	First		Middle		Last		4. DATE OF	Montl	1	Day	Yaar	
	Type or print)	Jame	es	L.		Conle	y	DEATH	Januar	y 10		19 62	
5. SI	EX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	7 8. D	ATE OF BIRT	Н	9	. AGE (In years			NDER 24 HRS.	
M	Male	White	WIDOWE		7 6	-29-39	0	140	last birthday) 22 yrs.	Months Da	ys Hou	ırs Min.	
10a.	USUAL OCCUPATI	ON (Giva kind of world	k 10b. KI	ND OF BUSINESS OR IN				ty & State, or	foraign country)	12. CITIZI	EN OF WH	AT COUNTRY?	
		king life, even if ratira	ad)			317	4 37: ~	inia		TT	CA		
	Lectrical FATHER'S NAME	нетрег			114	. MOTHER'		ginia		0.	J.S.A.		
	Issac L.	Conley						arews	711 <i>1</i> 137				
		R IN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17 INF		tub Di	ar c ws.	Address				
		yes giva war or dates of s		7-40-4325			L C	nlev	Same a		Wife		
-		n a base se			Dia	nene .	.	Jiiicy	Danie a	D 11D /			
				ina for (a), (b), and (c).]							ONSET A	L BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema hours								hours				
	173 DUE TO												
	Conditions, if any, which \ (b) Massive left parieto-temporal brain hemorrhage							age		hours			
	gave rise to immadiate cause												
	(a), stating tha ur	iderlying Doc 10		oma of the	brain						unk	nown	
-		SIGNIFICANT COND					THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	ART 1(a) 19. WAS AUTOPSY		
CERTIFICATION			-	Disease wit							P	ERFORMED?	
DE 2	20a. ACCIDENT WA	AS UNDERLYING		CRIBE HOW INJURY OF				-		5 OCLIOS.	14	A	
CERT C	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	13.00										
18/2	20c. TIME OF INJU	RY Month, Day, Ya	ar 20d.	NJURY OCCURRED 2		OF INJURY			y or town)	(Count	у)	(Stata)	
MEDICAL	Hour a.m.	10	Whila et work		factory	, straat, office	bldg., atc.	.)					
	p.m.	19			,	7/0		10.62	7/20	106	2 /	(1) (.) 1	
				ded the deceased									
		ed alive on	.10	1962, and	d that de	eath occur	red at.	Z:ND from	n the causes	and on the	e date s		
2	22a. SIGNATURE	PU	11.	1110		ATTENDIN	IG P.	AED.	STAFF			22b. DATE SIGNED	
	re	on h Ja	lun	MY	M.D.	PHYS.		DIRECTOR	PHYS.				
2	22c. PHYSICIAN'S NAME (Typa)			Wall to the second		22d. ADI	DRESS						
		ON, 236. DATE THE	REOF	23c. NAME OF CEM	ETERY OR	CREMATOR	Y	23d. LOC	ATION (City, to	wn or county)		(Stata)	
Bi	urial (Spacify)	1/13/62		George	Wash	ningto	n	H	yattsvil	le,		Md.	
24 F	UNERAL DIRECTOR	'S SIGNATURE		ADDRESS			2Sa. REC	'D BY REGIS	TRAR 256. RE	GISTRAR'S SIG	GNATURE		
		asch's Son	s H	yattsville,	Md.		DATE J	AN 15'	62 (Lithung &	Kennis		
1			41	, add ville,	212.00					-	- Address		

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Leon Chellin UD

Francia Vanch's Some Byattaville, Avd.

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Master III.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before dimission) 1. PLACE OF DEATH director. Page Ir your files. a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporete limits, Prince George's MARYLAND Maryland c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 40 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) D.O.A. Seat Pleasant Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? George's General Hospital 68th. YES NO Y Prince fun retains he State 4. DATE Day Year DECEASED OF 3 to the (Type or print) DEATH 62 January 19 Connolly Patrick Francis 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 58 birthday) Months and August 23,1903 DIVORCED WIDOWED [Male 18. Give Pages 1, 2, at h form PM3. Page 5 mmit. File pages 1 and 2 y event within 72 four 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Brakeman Railroad Ireland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KEANE COLEMAN MORA ONNOLL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 6904 George Palmer Hy (Yes, no, or unkown) (If yes give we ror detes of service) Hollis James White Seat Pleasant, Md. along with any in pencil in Item certificate should be executed INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. LNFARCTION 40CARDIAL IMMEDIATE CAUSE (e) ARTERY THROMBOSIS Office DUE TO removal, Conditions, if any, which geve rise to immediate cause O Examiner's DUE TO (e), steting the underlying as cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19, WAS AUTOPSY PERFORMED? the certificate, writing the word rwarded to the Chief Medical EDIRECTOR: Page 3 should be YES X NO -20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS TOR: Page 3 shou PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20e. TIME OF INJURY Month, Dev. Year 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Not While Hour a.m. While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion forwarded to DIRECTO agent, Natural causes X death resulted from: Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER 1/29/62 EXAMINER'S DEPU NAME (Type) JAMES Address (Street, city, town, or county) 9989 22a. BURIAL, CREMATION 22d. LOCATION (City, town or country) 240 p 248. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I FER VS. A15ME Orthur S. Krous DATE 5M 9/6D

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLA
001	CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
Prince George MARYLAND	a. STATE b. COUNTY			
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)			
Hyattsville	Washington 47X'3			
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
Carroll Manor	110 Maryland Ave N. E. YES NO			
3. NAME OF First Middle	Last 4. DATE Manth Day Year			
OECEASED (Type or print) Joanna V	Cook DEATH January 18 1962			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Manths Days House Min			
Female White WIDOWED DIVORCED	6/13/1887 7/ Yrs.			
10a. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRIES.	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
Housewife	Mass			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Cady Roche	Many Roche Hondon			
	Mary Roche Henson FORMANT Address			
(Yes, no, or unknown) (If yes, give wor or dates of service)				
	ospital Records			
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET, AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary Throm	oosis with Myocardial Tay DEATH			
DUE TO Infarction				
Conditions, if ony, which) (b) Arteriosclerot	ic Heart Disease 3 years			
gave rise to immediate Super Public Cite	to tower set the Three tot on and			
	der Tumor and transplantat-			
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?			
	YES NO			
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED 20c. ACCIDENT WAS UNDERLYING 20c. ACCIDENT WAS UNDERLYING CAUSE 20c. ACCIDENT WAS UNDERLYING 20c. ACCIDENT	D. (Enter nature af injury in Part I or Port II af item 1B.)			
3 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State)			
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Haur a. m. p. m. 19 Very 20d. INJURY OCCURRED factors for the state of th	tary, street, office bldg., etc.)			
21. 1 certify that (I) (MANGENA) attended the deceased fram.	1/20/1959, 19 to 1/18/196219 that (I) (**Xlast			
saw the deceased alive an 1/17/1968 , and that d	A			
26 17/1.00	ATTENDING M.D. PHYS. 1-18-1962 SIGNED			
22c. PHYSICIAN'S	22d, ADDRESS			
Thomas F. Collins, M.D.	322- H. St. N.E. Washington 2, D.C.			
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R			
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	y Cour . Uxbridge, lass			
A 111 The land of the same hear	A. C DATE JAN 2 2 '62 CICHUM & KING			
y your conservation				

Taliotacony notic aisc though the nation was a neit neath I magazie desen ninoculoselennal be noted by the control of the Excision and Filenessing of Electer Cheer and Residence-TESTONE CTOM TO SO! CAPI-BI-I . Commune F. Collins, A. D. See H. St. d. C. Dishington P. C. D. Commune F. C. D. Collins De D. C. D.

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALIH DEPI.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence be	fore edmission)
· 是 · 是	O. COUNTY (Parase Georges Descount) D. STATE M. C. D. B. COUNTY P. C.	
essary, r. Page files. Health,	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give neare	. (
\$ 5 P P	write RURAL end give neerest town)	a town)
d d d d	Massmanor mo Glassmanor 17	
V oar	d MAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A. STREET ADDRESS O	IS RESIDENCE
- C	405 Cernetica HDS Kennotes	ON A FARM?
th.	1 Nevros	S NO 4
de Sa	DECEASED OF OF	Year
二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	(Type or print) mary Josephine (many DEATH) 2	1962
またつまる!	5. SEX 6. COLOR OR RACE TO NEVER MARRIED 8. DATE OF WITH 9. AGE IN years IF UNDER 1 YEAR IF U	NDER 24 HRS.
S S S S S	Ales (who but) windows I) () 8 (withday) Months Deys Ho	urs Min.
12 S al		
1, 2 an an	done during most of working life, even if retired)	AT COUNTRY
Par Par	Housewate Relied Ireland 14 S. a	2
ho Bag	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
4 6 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Unknown lenkerown	
E E E	IF WAS DISTANCE DATE THE DATE OF THE DATE	
± ∞ 0 ÷ 9	(Ves no or unknown) ((fuestrine westerdates of semiles)	K -
De Hith Bo	1) Barbara Vorter, same as	-2
and a second		L BETWEEN
xer na nsisin d i	The in bentill this choses sti	AND DEATH
al al	IMMEDIATE CAUSE (6) YELLOW	
d b be pe jailial	DUE TO	
P P P P	Conditions, if any, which (b)	
Sh Sh	gave rise to immediate cause	
ate neindir	(e), stering the underlying	
ific per sed sed	(6)	
TE X DO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W	ERFORMED?
is or of the	YES	NO I
T Significant	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item 18.)	
Sho Sho	20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Pert I or Pert II of item 18.)	
N de les		
Mit C go	20c. TIME OF INJURY Month, Day, Year Hour e.m. 20d. INJURY OCCURRED tectory, street, office bldg., etc.) While Not While at work et work tectory, street, office bldg., etc.)	(State)
A P	p.m. 19 at work of work	
Price Cat	21. I certify that I took charge of the remains described above, held an Autopsy , inspection . Inquiry . and in n	ny opinion
発信が行う		ry opinion
D S P S S		
d s d s	CHIEF MEDICAL EXAMINER	
Me for the party of the party o	SIGNATURE James D. Joyal M.D. ASSISTANT MEDICAL EXAMINER [] DATE	SIGNED
825	DEDITY MEDICAL EVANIMED TO	62
NERAL designa	NAME (Type) DAMES I 130 d Address (Street, city, town, or county)	
M & CD w	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF COMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 9 4 0 9 0 8 4 7 7	DREMOVAL (Specify)	(51010)
HH	Burial 1-0-1964 alinglary (all of myer, Va	
VS. AISME	23. FUNERAL DIRECTOR ADDRESS / 3 / 1/248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
5M 9/60	Soheit a malengly Wash, D. Q. DATE JAN 4 02 arthur S. Thomas	

103 12 2 . Walking

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PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

			11-0-11-0,			
Ì	11003	CERT	IFICATE	OF	DEA	TH

a. COUNTY			a, STATE	b. COUN	TY
Prince Geor	ge's	MARYLAND	0.0		
b. CITY OR TOWN (if outside c write RURAL and give near Cheverly	orporata limits,	6. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, writa Heights,	RURAL end give nearest town)
d. NAME OF HOSPITAL OR IN	STITUTION (if not in ho		d. STREET ADDRESS	. Hoteling.	l a. IS RESIDENCE
Prince Geor				3rd Avenue	ON A FARM?
. NAME OF	First	Middle	Last	4. DATE Month	Day Year
DECEASED (Typa or print)	Webster	M.	Courtney	DEATH Janua	ary 19 1962
6. COLC	R OR RACE 7. MARRI	ED NEVER MARRIED 8.	DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
Male Whi	te widowi	ED DIVORCED	9-26-15	fast birthday) 46 yrs.	Months Days Hours Min.
Oa. USUAL OCCUPATION (Giva dona during most of working life,	even if raticad)	KIND OF BUSINESS OR INDUSTR		nty & Stata, or foraign country)	12. CITIZEN OF WHAT COUNTRY
Truck Driver	Pre	ston Van Lines	Virginia		USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Marshall Courtne			Sarah V.	King	
15. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16.	SOCIAL SECURITY NO. 17, I		Address	
Yes no, or unkown) (Ifyasgivew	51 01 01 01 01 01	F	loppital Reco	ords	
18. CAUSE OF DEATH [Er	ntar only ona cause per	lina for (a), (b), and (c),			INTERVAL BETWEEN
PART I. DEATH WAS CA		La plana	Young		ONSET AND DEATH
IMMEDIAI	E CAUSE (a)	Lymphosa	rooma		- Jenit
7000	DUE TO	· ·			
Conditions, if any, which	(b)				
gava rise to immadiata causa	DUE TO				
(a), stating the underlying cause last.					
	(c)	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PERFORMED?
5					YES NO
PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	SCRIBE HOW INJURY OCCURED.	(Enter natura of injury in	Part f or Part II of item 18.)	
20c. TIME OF INJURY Mo Hour a.m. p.m.	Whil	P	CE OF INJURY (Homa, farm ory, streat, offica bldg., atc		(County) (State)
21. I certify that (I) (this hospital) atter	nded the deceased from	1/14	19.6.7 to 1/19	, 1962, that (I) (we) las
					and on the date stated above
22a, SIGNATURE	1 7	11 1	A T	A.F.	22b, DATE
Flele	ham 156	withen M.	U	MED. STAFF PHYS. PHYS.	SIGNED
22c. PHYSICIAN'S			22d. ADDRESS		
NAME (Type) Dr. Wi	illiam B. G	unther	9812 49th	Avenue, Colle	ge Park, Md.
3a. BURIAL, CREMATION, 23b.		23c. NAME OF CEMETERY		23d. LOCATION (City, toy	
Burial (Spacify)	an. 22-62	Fort Lincoln	Cemetery	Bladensburg	Maryland.
4 FUNERAL DIRECTOR'S SIGNA	TIPDE	ADDRESS		C'D BY REGISTRAR 25b. REG	
					arthur S. Kraus
semmons	Dres. 10	661 Good 7	8- PLANTE	JAN Z Z UZ	ANOTHER D. I COME

* TOP 11 talent description of the second south Control and the same of the sa AMONGS THE PARTY OF ELECTRICAL STREET SERVICES STREET To Lot Manual Control of the Control ovin alg Truck Driver Presiden You Like 1714 into Yark 2000 Lindayat

Soriel Cont. Seed State Discount Control of the denoting the service of the servi

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with the first the same that the second of the same to be a second

death. Page 4 may be retained by the hospital or attending physician. TO FUNE 1. DIRECTOR: After this certificate has been signed by the attending physician and completely 1 and 2 with the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. See 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remoyat, and any event, within 72 hours efter death. The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN:

VR A15 (4) 15M 7/61 76

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George County MARYLAND	B. STATE B. COUNTY COOR S
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN Hi outside corporate limits, write RURAL and give nealest town
Riverdale, mil 3 use KS	61 Huattsville mol.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS o. IS RESIDENCE ON A FARM?
E. Leland Memorial Hacaital	5704 - 315 AVENUE YES NOW
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	Dol. DEATH Jon 20 1962
Dose a	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
7. MAKKIED NEVER MAKKIED	(ast birthday) Months Days Hours Min.
temale white WIDOWED DIVORCED	11-3-89 74 yrs.
10e. USUAL OCCUPATION (Give kind of work done woring most of working life, even if refired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Desserson D. Waslam	Laura, 4/ Telliamson
	NFORMANT MADE Address Hypothsuille
1 6 14 0	175, Rose Muller 143rd St md
18. CAUSE OF DEATH [Enter only one cause per line for,(a), (b), and (c).]	ughten - 6/10 - 43 st, May
PART I. DEATH WAS CAUSED BY:	ONSET AND CEATH
IMMEDIATE CAUSE (a) WW OUT OF	1 H/1/1 - 1/11 3 WBO
DUE TO AMOUNT	acquartoure ?"
Conditions, if any, which gave rise to immediate cause	Me of Hearther Dust
(a), stating the underlying DUE TO UNITED STATES	leraly bear per 296
cause last. (c) and Elle	asallen allerous
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TATE OF THE PARTY	YES NO Z
	. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
Hour a.m. P.m. While Not While at work at work	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	19HU to Jan 20, 1962, That (1) (we) last
(01151) 17	.55.1
saw the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	death occured at
~ 111 11/11/11/16/2	ATTENDING MED. STAFF
22c, PHYSICIAN'S	D. PHYS. DIRECTOR PHYS 20 6 2
NAME (Type)	The miles alle med
	2 1 2000 000000000000000000000000000000
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	a illiam the transmitted
Burial Jan 23, 1962 Wellington	naticemacy tout myes, I'a,
24 FUNERAL DIRECTOR'S SIGNATURE	25a. RECO BY REGISTRAR 25b REGISTRAR'S SIGNATURE
W.W. Chambers Co, Kirlikall	Md, DATE IN 23 02

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01005

1111997

		PLACE OF DEATH 2. U	ISUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
1	0	o. COUNTY PRINCE GEORGE MARYLAND .	STATE MARY/AND b. COUNTY (PR Geo
1	t	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL ondr give nearestytown) v	: CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		HYATTSUILLE.	1 HYATTS ville
1	(d. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
1		3705- Micholson ST	3705- NIChO/SON J/ YES NO 12
	3. 1	NAME OF A First Middle	Lost 4. DATE Month Day Year
		(Type or print) Edwin R. D	AVIS DEATH JAN. 3Rd 1962
	S. S	. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	TE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months Doys Hours Min.
		MA/E While WIDOWED DIVORCED CC	7. 9-1908 53 yrs.
	10o.	Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY during most of working life, even if retired)	11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	0	SABORATORY MECHANIC 4.2 GOVT	West Verginia G. J. H.
	13.	3. FATHER'S NAME	MOTHER'S MAIDEN NAME
		GRNEST JAVIS	LEORA FRYE
		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM Yes, no. of unknown) (If yes, give wor or dates of service)	MANT A A TOS - Nicholson ST.
		No 577.07347 Der	THA H. DAVIS HYATTSVILLE ME
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ry throm bosis thr
		DUE TO	
		Conditions, if ony, which) (b) Coronary A	rtery Disease over 3415
		gove rise to immediate couse (a), stating the under-	
		lying couse lost. (c)	
)	Q.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	ICA]		YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Ent. or Contributing Cause of Death	ter noture of injury in Port I or Port II of item 18.)
•			
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. m. While Not while foctory,	DF INJURY (Home, form, 20f. (City or town) (County) (State) street, office bldg., etc.)
	ME	p. m. 19 of work of work	
		21. I certify that (I) (this hospital) attended the deceased fram.	7. 4 1959, ta Jan 3 , 1962, that (1) (we) last
			accurred at 45 M, from the couses and on the date stated obave.
		22o. SIGNATURE	ATTENDING MED. STAFF SIGNED
			PHYS. DIRECTOR PHYS. JAN. 3 - 62
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 6001-35th Ave Hy=ttsvill
		M. H. CIEMENIZ	
	230	30. BURIAL, CREMATION, 20b. DATE THEREOF 23c. NAME OF CEMETERY OR CRE	MATORY 23d. LOCATION (City, town, or county) (Stote)
		Buriof Ja. 6-61 Fort gine	oth Bladensburg Mc
	24.	FUNDRAL DIRECTOR'S SIGNATURE	PACSE 250. REC'D BY REGISTRAR 25b. REGISTAR'S SIGNATURE
1	0	Demmons Bros. WASh SO D	DATE AN 8 '62 Ciriling S. Kraus

PRINCE SERVICE MERHING DE SEO HYPRITES THE SHIP STEPHEN 3705- Medalson ST 3705- Nicholan Sting Edwind T. DAVIS 24 CD Make white - I me dot 9-1908 158 1 Later attend the house it is Good West live grace to I To GRAPST THIS SEENA FRAGE 110 I STOLL STOLLING A DAVIS THERES WE WILL the dead are the place of the little the H C Ements - 6000 37 H AV HITTER me and the state of the state o The second secon

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MINISMEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTPrince George's a. STATE Page b. COUNTY Prince Geor MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporele limits, write RURAL and give neerest town) Chever I'v neerest town) D. O. A. Riverdale d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) a. IS RESIDENCE ON A FARM? Prince George's General Hospital 67th Avenue 5419 YES NO 1 State NAMEOF DATE Middle Month Day Year DECEASED 62 DEATH January (Type or print) Mae Derdock 19 Tamara with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 wit (ast birthday) age 5 may 1 and 2 will 72 hours and November Female White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? 8. Give Pages 1, 2 form PM3. Page done during most of working life, even if retired) District of Columbia None U.S.A. None pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Gilbert Derdock Theresa Lee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) James Gilbert Derdock, same none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Office DUE TO removal, Conditions, if any, which gave rise to immediate cause 10 DUE TO (e), stelling the underlying cause last. pesn emation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 79. WAS AUTOPSY CERTIFICATION PERFORMED? NO X P 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS Ö PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing by Chief / Page 3 s 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Not While 0 While the ?: Pa at work | et work prior OR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 0 MEDICAL C DIRECTO death resulted from: Natural causes Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for SIGNATURE 26,1962 January **EXAMINER'S** DEPUT NAME (Type) Address (Street, city, town, or county) James (Stete) REMOVAL (Specify) ₫40 g O Orthun S. Krous VS. AISME SM 9/60

March so Tat and The Peldon George a densive Town Low Even Avence Company Constant Contract Cont Johns Cilliant Dorsook | Dorsook Trailers Loc In on ann. located function of Secretary 85, 186 But the state of t

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COUNTY ENDER END DEPORTAL

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Section 17 Jan, 1962 Artingum spittering John Color, 18 Higgson, 1965

by succession of the contract of the contract

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after d in by the funeral s 3 should be detached for use as the burial-transit permit. Then please remove carbon papers are 1 if the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely, TO HOSPITAL director, page be filed with t

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01000

CERTIFICATE OF DEATH 01008

a. COUNTY	2.		E (Whare deceased lived, If institution Rasida	anca bafora admission)
Prince George s	MARYLAND	Maryland	b. COUNTY Rene	e (lexis
	IGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporata limits, writa RURAL and giv	e neares town)
Cheverly	9 days	Laurel	01	0
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, given	re streat address)	d. STREET ADDRESS		a. IS RESIDENCE
Prince George's General Hosp	pital	44 B Stree	et	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month Da	y Yaar
(Typa or print) George	Edward Di	veni	DEATH January 22	19 62
	VER MARRIED D	ATE OF BIRTH	9. AGE (In years IF UNDER 1 YEA	
Male White WIDOWED	DIVORCED	ly 28, 18	88 73 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of porking life, aven if ratirad)	BUSINESS OR INDUSTRY	1. BY THPLACE (Count	y & State, or foraign country) 12. CITIZEN	OF WHAT COUNTRY?
clerk new real residence	l'atare	Laurel	Marcha 1 ()	SA.
13. FATHER'S NAME	14	MOTHER'S MAIDEN N	VAME	, , , , ,
Commence & Wines	S	10 8	les duch	100
15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17. INF	ORMANT	Address	1++
(Yas, no, or Inkown) (Lyesgivawarordalesofservice)	05485A Mu	man	1 / 40/3	mul,
18. CAUSE OF DEATH [Enter only one cause per line for (- Marya	ar semes nam	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	+- 11.1.	ronary E	dema.	ONSET AND DEATH
IMMEDIATE CAUSE (a)	/ / /	1 /1		
920,0 DUE TO DY Tar	io Sclaros	10 /10	ort Diseases	
Conditions, if any, which gave rise to immediate cause	-,	- 1144	72 01 01 00	
(a), stating the underlying DUE TO			Charles and the second	
cause last. (c)	NC TO DEATH BUT NOT B	HATED TO THE TERMIN	AT DISEASE COMPITION CIVEN IN BART 1(-)	19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT K	ELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART I(8)	PERFORMED?
ICA				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	OW INJURY OCCURED. (E	iter nature of injury in P	art I or Part II of itam 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCURRED 20a. PLACE	OF INJURY (Home, farm,	, 20f. (City or town) (County)	(Stata)
at work	While factory,	street, office bldg., atc.)		
		7/14 4	1961, to 1/22 , 1962.	that (I) (was last
21. I certify that (I) (this hospital) attended the saw the deceased alive on			5M, from the causes and on the	
A	19.9, and that de	ath occured at	M, from the causes and on the	22b. DATE
228. SIGNATURE Somer	M.D.		ED. STAFF	SIGNED
22c. PHYSICIAN'S NAME (Type) P. D. Baner MT		Promote Kell.	Homital Cherechy	md.
23a. BURIAL, CREMATION, A3b. DATE THEREOF 23c.	NAME OF CEMETERY OR		23d. LOCATION (City, town or county)	(Stata)
Julian Jan, 24, 1962 4	my New C	melery	D BY DECISTRAD 25h GEORGE AND SIGN	TILDE
22 FUNERAL DIRECTOR'S SCHATURE	ADDRESS DOLLAR	. 6 1	AN 29 '62 Orthug &	
a form of the man well	- Church			

and the state of t the content of the co A COLOR OF THE COLOR OF THE STATE OF THE STA and the state of t Brown Challes to de alle mid de There is for aging by said land of school They for The state of the state of the second TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNY

DIRECTOR: After this certificate has been signed by the attending physician and completely ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers so 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 7/61

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MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECORD CERTIFICA	DEPARTMENT OF HEALTH DIS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH
U1009 CERTIFICA	1E OF DEATH 01001
1. PLACE OF DEATH a. COUNTY FINCE GEORGE MARYLAND	e. STATE b. COUNTY C. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
beland Memorial Hosp	4503 32 1 3 t ON A FARM?
3. NAME OF DECEASED (Type or print) OSE DOWNS	Last 4. DATE Month Dey Yeer OF DEATH Day 3 1 1962
7 emale white WHOWED DIVORCED	8. DATE OF BIRTH 1 - 1 4 - 9 5 9. AGE Un years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working lite, even if retired) Relief Waitress Cafetina area sel	of washington, D.C. U.S. A.
13. FATHER'S NAME George D. Filgate	14. MOTHER'S MAIDEN NAME Eleanor Belshaw
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive were detes of service)	INFORMANT HOSP; tal Record
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause last. (c)	Interval Between ONSET AND DEATH The Constant of the Constant
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO NO. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	t death occured at M.M., from the causes and on the date stated above. ATTENDING MED. STAFF 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) EARL W. GRAFFF, M. I	22d. ADDRESS 27/Le Kisknood Pl. W. Hyattevell, Med
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY DURLE (Specify)	OR CALMATORY 23d. LOCATION (City fown or county) (Slate)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Y	DATE FEB 5 '62 CHEMINA S. Thomas

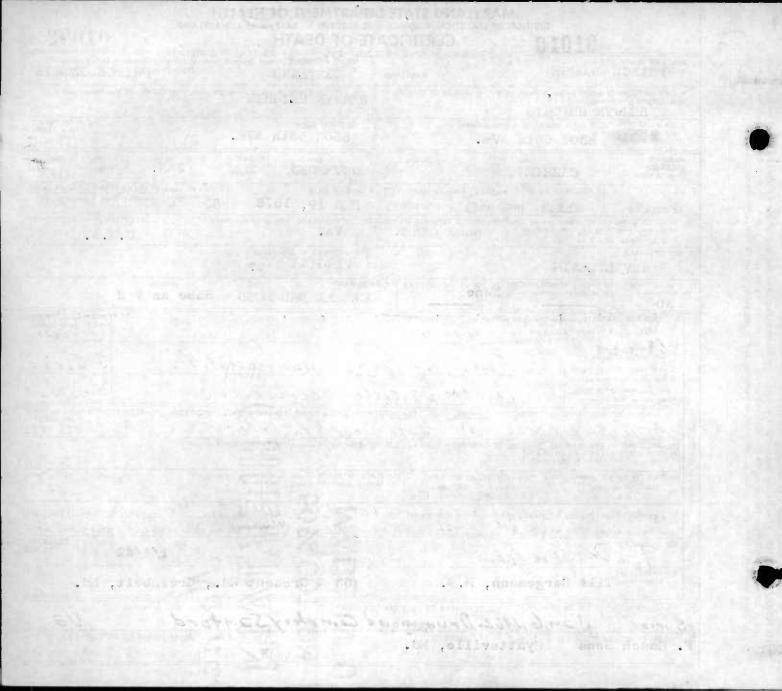
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01010

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1. PLACE OF DEATH a. COPNIN NCE	GEORGE	MARYLA	ND 2.	USUAL RESIDEN	NCE (When	e deceased	lived. If institution b. COUNTY		ce before od NCE GE	
RURAL and give ne	f autside carporgte limits, varest town) N HEIGHTS	c. LENGTH OF STAY IN	1 16 B	ERWYN 19	Yetgh	side carpor	ote limits, write R	URAL and g	give nearest t	own)
d. NAME OF HOSPIT. OR INC. HOSPIT	AL (If not in hospital, give 8502 60th			d. STREET ADD 8502 6		AVE.	1		01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	CARRIE	Middle	1	DRUMMON		4. DATE OF DEATH	JAN		A ay	Year 62
s. sex Female	1,5	MARRIED NEVER MARRIED		TEB 19,	187		9. AGE (In years last birthdoy) 83 yrs.	\vdash	Doys Hou	NDER 24 HRS. urs Min.
10a. USUAL OCCUPATION during most of work HOUSE	ing life, even if retired)	10b. KIND OF BUSINESS OR HOME OWNER		Va.	E (Stote ar	foreign co	untry)		S.A.	AT COUNTRY?
13. FATHER'S NAME REVEL	LEWIS		14	VIRGIN	y 5	??	45° 1			
1S. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFOR	4	RUMM	OND	Same a	11 -		3427
Conditions, if or gave rise to it couse (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which mmediate the under: DUE TO (c)	Pytho weft to dre vand (c).] Pytho weft to dre vand (c).] Contributing to DEAT!		r acc				/EN IN PAR	3 M	AS AUTOPSY REORMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Day, Year		0e. PLACE	OF INJURY (Ha	ime, farm,			(0	County)	(State
21. I certify that saw the decease 220. SIGNATURE 220. PHYSICIAN'S	t (I) (this haspital) g	while at wark at wark at wark at wark 1964, and the deceased from 1964, and the deceased from 1964.	ram Oci	h accurred of ATTENDING PHYS.	at 40 PM	CTOR [the causes are staff 1	/4/62	e date sta	l) (we) las ted above 22b. DATE SIGNEE
23a. BURIAL, CREMATIO REMOVAL (Specify) BULLIZ 24. FUNERAL DIRECTOR		23c. NAME OF CEMETI 962 Drumma ADDRESS	1	Comet	bery-	Sad. LOCATI	Ford RAR 256. REGI	or county)	i	State)
r. dasch s	ous nyat	tsville, Md.		D	ATE JAN	18 '6	2 a	Minn S.	Kraus	

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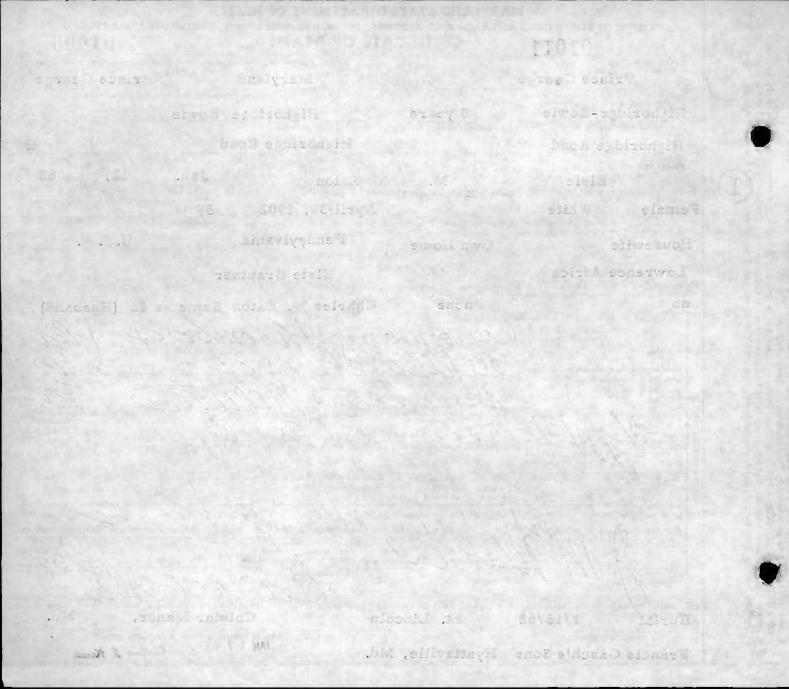


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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (1101) 3

1. PLACE OF DEAT	H			2. USUAL RESI	IDENCE (When	e deceased lived, If i	nstitution: Resider	nce before edmission)
a. COUNTY Pr	ince George	е	MARYLAND	e. STATE M	aryland	b. COUN	"Prince	George
b. CITY OR TOWN	if outside corporete limits d give neerest town)	5,	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside o	corporete limits, write	RURAL end give	nearest town)
Highbridg			8 years	1 14 His	ghbridge	e Bowie		
	TAL OR INSTITUTION (if	not in hosp	itel, give street eddress)	d. STREET ADD				e. IS RESIDENCE ON A FARM?
Highbrid	ge Road			Highbr	idge Ro	ad		YES NO
3. NAME OF DECEASED	First		Middle	Lest	4. DAT	PE Month	Dey	Year
(Type or print)	Elsie		M.	Eaton	DEA	Jan.	12,	19 62
5. SEX	6. COLOR OR RACE	7. MARRIED		B. DATE OF BIRTH		9. AGE (In yeers		
Female	White	WIDOWED		April 30,	1902	lest birthdey) 59 yrs.	Months Days	Hours Min.
	ION (Give kind of work		ND OF BUSINESS OR INDUS	TRY II. BIRTHPLACE	(County & Stele	, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Housewife		*	wn Home	Penns	ylvania		U.S.	. A.
13. FATHER'S NAME			WII IIOIIIC	14. MOTHER'S MA	AIDEN NAME			
Lawrence	Africa			Elsie	e Branti	ner		
15. WAS DECEASED EY	ER IN U.S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Address		
no no, or unkown) (If yes give wer or detes of se	stAtCe)	none	Charles W	V. Eator	n Same a	s #2 (H	usband)
18. CAUSE OF	DEATH [Enter only one	ceuse per lis		-	1 /	. Daineya	IN	ITERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	()10	DONA	mas. T	hun	nilon	en	NSET AND DEATH
126			an acce	171	for.	~		100
Conditions, if en	DUE TO	1.1	11/19, 25	100014	1001	11 -		5-420
geve rise to immed	liete ceuse	u	queny	and -	-1	21 4		5 1.
(e), stating the	underlying DUE TO	1	10 . 1	1111	WIOL		13/	1 yn
ceuse lest.	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISE	ASE COMPITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY
PART II. OTHE	-1/2.7	2	1	Y P	Post	7		PERFORMED?
S ACCIONT N	MULL	20h DESC	RIBE HOW INJURY OCCUR	V 10	iuny in Part Lor D	art II of idem 18)		YES NO
1 1/	S INDERLYING DEATH MEDICAL EXAMINER	20b. DESC	KIBE HOW INJURY OCCUR	D. (Enter nature of the	ury in ren i or r	an il organi io.		
20c. TIME OF INJ	URY Month, Dey, Yea			ACE OF INJURY (Hometory, street, office bld		(City or town)	(County)	(Stete)
Hour e.m.	19	While et work	Not While	ciory, sireor, outco bid	19., 010.,	/,		
	that (I) (this hospit	al attend	led the deceased from	2/4	194	10.11/2	19/00	that (I) (we) las
saw the decea	sed alive on. 1.7/	10	19(2./, and the		815 M. 1	rom the causes		date, stated above
220. SIGNATURE	1/1/1/	1/1	440 W	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1	226. DATE SIGNE
22c. PHYSICIAN'S	111111			22d. ADDRES	5011	1410	min	
230. BURIAL CREMAT	TION, 236. DATE THER	EOF	23c. NAME OF CEMETERY	OR CREMATORY		OCATION (City, to)		(Stete)
Buyfat Specify	1/15/6	2	Ft. Lincol	n	Co	olmar Ma	nor,	Md.
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	25	e. REC'D BY RE		GISTRAR'S SIGNA	ATURE
Francis (Gasch's Son	s H	vattsville, M	d. DA	JAN 1	7 '62	arthur 8. 1	Kings



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Peace 4 may be retained by the hospital or attending physician.

TO FUN:

DIRECTOR: After this certificate has been signed by the attending physician and completely death by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers had 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 90 VR A15 (4) 15M 7/6F

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 01004 DIATO

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
PRINCE GEORGES MARYLAND	a. STATE D.C. b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	Mashinston 121X.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give reet address)	d. STREET ADDRESS O. IS RESIDENCE
Cilland Marin H	3400 - 13th St., S. E VES NO D
3. NAME OF First Middle	Last 4. DATE Month / Day / Year
DECEASED	F OF / 2 = // 2
(Type or print) MARY ALICE	ECKSTORM DEATH // 25/ 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years MUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
WIDOWED DIVORCED	10/15/03 58 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. PRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Al Maria Co- maryland USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Labor R Haddon	Lave Rehecca Thompson (Harden)
	NFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	1 E wat an 31100 -13th St SE WASH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), i	1. J. LCKSTORM, J400 MJ - UI, J. D. J. INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
[IMMEDIATE CAUSE (a) Crigosity	e heart fortar
DUE TO	
Conditions, if any, which) (b) / Vice Co	ideals
gave rise to immediate cause (a), stating the underlying DUE TO	
cause last. (c)	
THE REPORT OF THE PROPERTY OF	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	YES NO
	. (Enter neture of injury in Part I or Part II of item 18.)
☐ 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED OP CONTRIBUTING ☐ CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
Hour a.m. While Not While facts	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	6120
saw the deceased alive on 19.52, and that	death occured at
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
James J. (Done M	D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
JAMES IN DOY &	18206 MARIBOYO ITRES
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)
1-24-1962 Vedan 61	ill Suilland has a land
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 13/-	1/1/2 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Report of heath	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hours after by the hours after by the hours after the page 4 may be retained by the hours after the hours after the page 4 may be retained by the pa	TO FUN. L. DIRECTOR: After this certificate has been signed by the attending physician and completely the din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers the stand 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the death Page 4 may be retained by the hourital or attending physician.	IO FUN. 1. DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers set 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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TO F	T dir

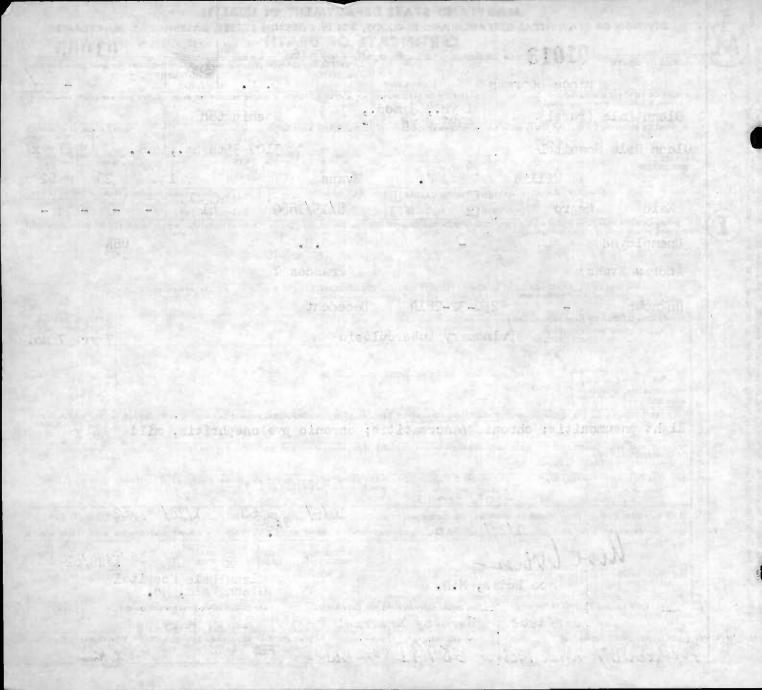
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		111111	Lte	me 23 kg 11	$m = G 3 \Omega E$	2/5/6	2 TWE				111/1	1
1. PLACE	E OF DEATH	01010			2.		ENCE (Where	daceased lived, If		sidence	before e	dmission)
		Prince Geo	rges	MARYL	AND	a. STATE	D. C.	B. COUR	111		946	/
b. CITY	OR TOWN (if	outside corporate limits		c. LENGTH OF STAY	IN 1b	c. CITY OR TOW		orporate limits, write	RURAL end	give ne	earest tow	n)
		give nearest town)		1 yr., 3	mos.		T.T = = lost w		11	7	. 2	
GLE	enn Dale	e (rural)		. 00 1		d. STREET ADDRE	Washir	igton	7	IX	- IC DE	SIDENCE
d. INA	ME OF HOSPITA	AL OK INSTITUTION (IF	not in nos	Mar, give street aderes	is)	d. SIKEET ADDKE	33					FARM?
Gler	on Dale	Hospital					3109 3	35th St.	N.E.		YES 🗌	NO
3. NAME DECE	EOF	First		Middle		Last	4. DAT	E Month)	Day	Yeer	
	or print)	Willi	-	J.	and the second	Evans	DEA:	гн 1		28	19	62
5. SEX		6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	B. D/	ATE OF BIRTH		9. AGE (In years	- there -		IF UNDER	
Ma	ale	Negro	WIDOWE			8/15/18	80	81 yrs.	Months D	ays	Hours	Min.
10a. USU	AL OCCUPATION	ON (Give kind of work	10b. KI	ND OF BUSINESS OR I	NOUSTRY 1	1. BIRTHPLACE (C	ounty & State,	or foreign country)	12. CITIZ	ZEN OF	WHAT C	OUNTRY?
	employe	ing life, even if retired)	-	-	S.C.			U	SA		
	ER'S NAME				14.	MOTHER'S MAID	EN NAME		3 11 10			
And	drew Eva	ans				Frances	?					
15. WAS I	DECEASED EVER	IN U.S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO	. 17. INFO	ORMANT		Address				
1		res give war or detas of se		in .222871	D	ecedent						
	KNOWN	ATH [Enter only one		0-32-2814		ecedeno.				LIMITE	RYAL BET	WEEN
		WAS CAUSED BY:									ET AND	
	12	AMEDIATE CAUSE (e)_	Puln	nonary tube	rculos	518				73	r. 7	mo.
	00	DUE TO										
Condi	itions, if eny,	which (b)										
	rise to immedie	le cause	58 P.		1395-			43.714.0				
(e), s	steting the un-											
		(c)_ SIGNIFICANT CONDIT	ONS CON	TRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TER	MINAL DISEA	SE CONDITION GIV	FN IN PART	1(a) 19	. WAS A	UTOPSY
E Ris		umonitis; c									PERFO	RMED?
S 20a		S UNDERLYING		CRIBE HOW INJURY O				-			t2 1/2	мо <u>П</u>
OR CO	ONTRIBUTING [CAUSE OF DEATH	200. 013	CKIDE TIO W INJOKT O	CCORED. (EI	nei neiure or miury		11 11 01 110111 12.)				
₹ 20c.	TIME OF INJUR	Y Month, Dey, Yee	20d. I	NJURY OCCURRED		OF INJURY (Home,		City or town)	(Coun	ity)		(Stete)
20c.	Hour e.m.	19	While et work	Not While	factory,	street, office bldg.,	etc.)					
	p.m.				,	10/5/	10 60	1/28	1 106	2	. (1) (-> 11
21.	certify th	at (I) (this hospita	all) affend	ded the deceased	from	+9/2/	9:30	·	/, 199	.⊆., fh	ar (1) (we) lasi
saw	the decease	d alive on	1/.20,	19Q.Z., an	d that de	ath occured at		om the causes	and on th	ne dat	e stated	above
22e.	SIGNATURE	100 /14	1,10		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1/28	3/62	SIGNED
22c.	PHYSICIAN'S		OUL		М.Б.	22d. ADDRESS		nn Dale H	ocni to		9/	
W. "	NAME (Type)	Moe	Weis	s, M.D.			Gle	nn Dale,	Md.	olle		
23n BIHDI	IAL CREMATIC	N, 236. DATE THERE	OF	23c. NAME OF CEA	AETERY OR	CREMATORY		OCATION (City, to)	(St	ete)
REMO	VAL (Specify)	2/3/19		Harmony			-		vland		1.01	
24 FIBIED	AL DIRECTOR	-121-2			LICHIOI .			GISTRAR 256. RE	V	IGNATI	100	
24 UNER	AL DIRECTOR'S	J. J.	1.	ADDRESS 200R	T . 12.	1011	FEB REC	1 '62				
1400	JUNIO	minul 1	yom	2 20 /11.	T. 15	UNI DATE			arthur,	d. 74	Lakes	



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

-	014	CER	RTIFICA	TE	OF	DEATH

01006

1. PLACE OF DEATH o. COUNTY Prince George's MAR	RYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Riverdale Md 2 months	
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION 5702 Eastpines Drive	d. STREET ADDRESS 5702 Eastpines Drive 6. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) Mary Geneviev	ve Farrell OF Jan 19, 1962
S. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE D	lost birthdoy) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Housewife own home	Pennsylvania 12. CITIZEN OF WHAT COUNTRY? US A
Joseph Thall	14. MOTHER'S MAIDEN NAME Anna Burns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) 10 10	Mrs Lambert Fritsch Riverdale, Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which gove rise to immediate cause (a), stating the under- lying cause lost. (c)	lei hat failer interval between onset and death levels feet folessesse 10 yrs
CATIC	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
Variable Control Con	20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
22a. SIGNATURE Jake Kels	nd that death accurred a home from the causes and on the date stated above. ATTENDING MED. STAFF PHYS. January 19, 162 SIGNED
John Kehoe M.D.	6300 Riverdale Rd. Riverdale, Maryland
230. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CE	EMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
24. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS Trancis Haschs Sens Hyutte	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 22'62 Cuthun S. Krane

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HEALTH DEPT.		PLACE OF DEATH					2. USUAL RES	IDENCE (Wh		COUNTY	1 -	e before	dmission)
Page 888	-	b. CITY OR TOWN (write RURAL and	1nce Ge if outside corporet I give neerest tow	orges	c. LENGTH OF	STAY IN 16	c. CITY OR TO	laryla	nd corporete limit	Prin s, write RURAL e	ce nd give r	eoresi tov	res_
irector your doff		River			8 Day			Beltsy	ille				
Boar / 6					hospital, give street e	ddress)	d. STREET ADD		A mm m			ON	A FARM?
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sth. I store the stere of the state of the s	5.	SEX			RRIED NEVER MAR		DATE OF BIRTH		9. AGE (In	nuary	14,	IF UNDER	
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Page 1 as 1 a		Housew		Tolliou,	At Home			Au	stria		U.S.	Α.	
A ho Pag M3.	13.	FATHER'S NAME					14. MOTHER'S MA						
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for for every		s, no, or unkown) (I						l l-					e,Md
with with any any	-	NO 18. CAUSE OF E	None	y one ceuse p	None per line for (e), (b), en		hn J. Fe	er. Guak	, 1100	9 35 tn		ERVAL BE	
L in I		PART I. DEAT	H WAS CAUSED	ev.	ngestive		t foilm	re			ON	SET AND	DEATH
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IINE hief e 3 buri	SAL	20c. TIME OF INJU	JRY Month, De	y, Yeer 2	Dd. INJURY OCCURRE	D 20e. PLA	CE OF INJURY (Hom	ne, farm, 2Df.	(City or town)	(Co	unty)		(Stete)
MAN WITH	MEDI	6 · 30 p.m.	Jan -1-6	1962 of	hile Not While work X	At	Home	lg., efc.)	Beltsv	ille,	Mary	rland	a
Cate Cate OR: Prio					remains described			, Inspec	tion X,	Inquiry X,	and	in my c	pinion
ertifi ded ded ant,		death resulted :	rom: Natur	al causes	Accident [, Suici	de, Homi	icide,	Undetermin	ned manner [
the character than the character			1		00	^		DICAL EXAMIN	_				
AL I		ACTUAL SIGNATURE	Kon	ner	1 10	yd	M.D.	IT MEDICAL EX	- Language		D	ATE SIC	ENED
d be sign		EXAMINER'S NAME (Type)	TAMY	re T	BOYD, M.	D	A1.	EDICAL EXAMI	95.65	Janua	ry 1	.5,	1962
DEPUT ease ext should reput its desi	220	BURIAL, CREMATIC		THEREOF	22c. NAME OF	CEMETERY OR	CREMATORY	22d L		, town, or count	-	(Ste	-
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H H	23	FUNERAL DIRECTO			ADDRESS			- 450		. REGISTRAR'S	SIGNATU	JRE	
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MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	01016	CERTIFIC	ATE OF DEATH	10.160	nTina8
1. PLACE OF DI o. COUNTY	RINGE GA	ORGE MARYLANI	2. USUAL RESIDENCE (Who	b. COUNTY	PRINCE (TEOR
b. CITY OR T	OWN (If autside carporate limits, d give nearest tawn)	write c. LENGTH OF STAY IN 1	c. CITY OR TOWN (15/60)	tside corporate limits, write RUR	RAL and give nearest tawn)
OR INSTIT	HOSPITAL (If not in hospital, giv	e street address)	d. STREET ADDRESS	1 SE AVE.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	t) MAR	Middle C.	FITZGERA/D	4. DATE Month OF DEATH	- 25- 196=
F. SEX	1- 11 W	MARRIED VIEVER MARRIED DIVORCED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
during mos	CUPATION (Give kind of work do t of working life, even if retired) SEW IFE	ne 10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State o	r foreign caunitry)	12. CITIZEN OF WHAT COUNTRY?
18 FATHER'S N.	AME	YOUNG	14. MOTHER'S MAIDEN NA	BETH. M	CK
15. WAS DECEA (Yes, no, or unknow	SED EVER IN U. S. ARMED FORCI		INFORMANT FIT	ZGERALD .	2 1.
	OF DEATH [Enter anly one coust IT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_	ce per line far (a), (b), and (c).	Centre De	estlin Van	INTERVAL BETWEEN ONSET AND DEATH
	ns. if any, which (b)_	Renal.	Duran		10 years
	e to immediate stating the <u>under-</u> DUE TO se lost.				A.
PAR	TII. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTR	DENT WAS UNDERLYING DEATH NOTIFY MEDICAL EXAMINER)	06. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture af injury in Pa	ort I or Port II of item 18.)	
	o. m. 19	20d. INJURY OCCURRED 20e. While Not while of wark 0	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stote)
	ify that (I) (this hospital) deceased alive on	ottended the deceased from	4 50		. 19 62 that (I) (we) last I on the date stated above.
22a. SIGNA	Cellian	Brain	M.D. ATTENDING MET		1/20 CATE
22c. PHYSIC NAME		RAININ	6/2 4 Cm	trul Ave, Co	editol Hete W.
					1-11
23a. BURIAL, CI	REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	or crematory	23d. LOCATION (City, town, or	county) (Stote)

TRINGE LESSINGE STORY STORY CONTRACTOR STORY CANOTIC FERENCES SERVES . CENTREL STREET Mary C. Firzgerinia - 1- 25- .. F. MAIL WARTE TO STATE 122 HILDER WEST TO THE STATE OF THE LIKESTIAN JOHNE KULTUSTA MILLE The second of th KNYAND FITZGERAIN 21. There may be a first the second of the second Stranger And Day 1998, and the second of the Market Stranger and the Stranger Stranger and the Stranger Stranger and the Stranger the state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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V-		U - L U - L										- 47	
)	PLACE OF DEATH O. COUNTY PRINCE	GEORGES		MARY		a. STATE	JERS		b. COUN			admission)	/
	b. CITY OR TOWN (If	outside corporate limit	s, write	LENGTH OF STAY	IN 1b	c. CITY OR TO	WN (If ou	utside carpor				est town)	
	RURAL ond give ne	AIR FORCE	BASE	2 YRS-3MON	NTHS	VENT	'NOR	CITY		/	1X.3		
		AL (If not in hospital, gi		dress)		d. STREET AD	The state of the s	OLLI	0-112		e.	IS RESIDENCE	15
	USAF HO	SPITAL				3 NO	RTH	SOMERS	ET AVE	NUE		YES NO	KI_
	NAME OF DECEASED (Type or print)	Firs ELIZAF		Middle GRANT		FOULOI	.s	4. DATE OF DEATH	TAN	Month	15 Day	Year 196	2
5.	SEX FEMALE	6. COLOR OR RACE CAUCASIAN			-	DATE OF BIRTH	ER 1	882	9. AGE (In year last birthday	y) Hont	-7	F UNDER 24 H	
10c	. USUAL OCCUPATIO	N (Give kind of work d	one 10b. KI		R INDUSTR			or foreign co			CITIZEN OF	VHAT COUNT	RY?
	HOUSEW	ing life, even if retired)		NONE		PENN	SYLV	ANIA		U	NITED	STATES	
13.	FATHER'S NAME				200	14. MOTHER'S N	AIDEN N	IAME					
	WILLIAM	GRANT				HARRIE	T SM	ITH		16			
15. (Ye		IN U. S. ARMED FORCE		CIAL SECURITY NO.	17, INFO	RMANT			, A	ddress F	1.7-11	MANO	R
	NO	,,		NONE	BE	NJAMII	V.D	FOUL				9 F BAS	
CATION	Conditions, if ar gave rise to ir cause (a), stating the lying cause lost. PART II. OTH	nmediote (DUE TO	OITIONS CO	terws of Call	cler Cife ATH/BUT N	C (10)	nea tu	C VO NAL DISEASE	elve CONDITION	dili GIVEN IN		7 Men. WAS AUTOF PERFORMED YES NO	5
CERTIFIC	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY OF	CCURRED.	(Enter nature af	injury in P	Part I or Port	fl of item 18.)		5.4		
MEDICAL	20c. TIME OF INJURY Havr o. m. p. m.	Manth, Day, Yea	20d. INJ While at wark	Nat while		E OF INJURY (Hery, street, office I			or town)	11	(County)	(51	ote)
	saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Rettick ,	Jan		that dea	ATTENDING PHYS. 22d. ADDRES USAF	ME DIF	ED. RECTOR		and on	the dote	JAN 6	ve.
230	BURIAL, CREMATIO REMOVAL (Specify)	N. 23b. DATE THEREO	62	23c. NAME OF CEME	TERY OR		etery		ION (City, tow			(State) Pa	,
24.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS 4	11- 1	A //8	SoREEL			GISTRAR'	7		

YILL BUTTONY SHITHOUT - BIT TELL YEARS RIA SHITHOU TARL STOROG SOROES RIBERTS STATE OF STA

EAUL HITTICK IN, ECOL USAS HE - DEAS HOSPITAL, ANDREWS ALS JOICE

HEALTH DEPT. director. Page or your files. is necessary, Boar please a life the certificate, writing the word "pending" in pencil in Item 18. Give pages 1, 2, and 3 to the full should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any TO DEPITE

VS. A15ME

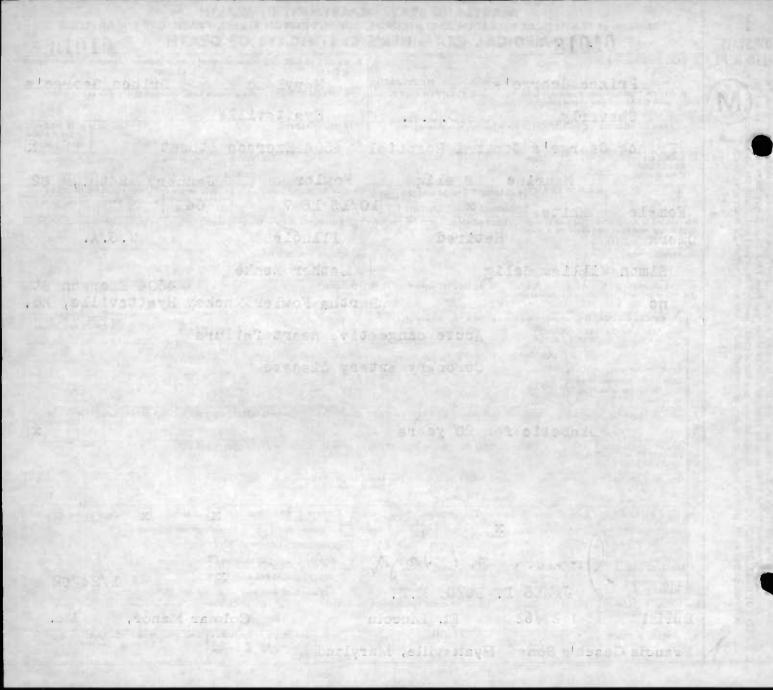
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MINSO

01018 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived,	
Prince George's MARYLAND	Maryland	Prince George's
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, w	rita RURAL and give neerest town)
Cheverly D.O.A.	63 Hyattsville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
Prince George's General Hospital	4504 Emerson Street	YES NO X
3. NAME OF First Middle DECEASED		nth Day Year
(Type or print) Maurine Selig	Fowler Janu	ary 24th. 19 62
1. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year	ATT IF UNDER 1 YEAR IF UNDER 24 HRS.
remare wille	10/15/1897 64 _{yrs.}	Monins Days Mouts Mill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY
Clerk Retired	Illnois	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Simon William Selig	Esther Menke	
(Ver an ar unhaum) ((flues aive we resident of service)		4504 Emerson St
	Bertha Fowler Mackey I	Hyattsville, Md.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute conges	stive heart failure	
DUE TO		
	tery disease	
geve rise to immediate causa (a), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION O	GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
Diabetic for 20 years		YES NO E
Diabetic for 20 years 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	(Enter neture of injury in Pert I or Pert II of itam 18.)	
	ACE OF INJURY (Homa, farm, 1 20f. (City or town)	(County) (State)
Hour a.m. While Not While fac	tory, street, office bldg., etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
72 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ald as Autorau 🗍 Israelias 🔄 Israelias	.i., 🖃
21. I certify that I took charge of the remains described above, he		uiry X and in my opinion
death resulted from: Natural causes . Accident . Suice	cide, Homicide, Undetermined	manner [_]
ACTUAL 1 2 1 9 1 DOO D	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE COMES SI TO THE	M.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S JAMES I. BOYD, M.D.	DEPUTY MEDICAL EXAMINER	1/24/62
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, to-	wn, or country) (State)
Burial (Specify) 1/27/62 Ft. Lincoln	n Colmar M	Manor, Md.
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. R	
Francis Gasch's Sons Hyattsville, Ma	aryland DATE JAN 26'62	Ciriling S. Praises



FOR STATE HEALTH DEPT

is necessary, lirector. Page your files. and of Health, M

TO DEPUT! MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease ex. If the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 0

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacassed lived, If institution, Ras	idenca bafore admission)					
Prince George's MARYLAND		George's					
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If butside corporate limits, write RURAL and s						
write RURAL and give nearest town)	/3 Damana Watesta						
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	63 Rogers Heights	I e. IS RESIDENCE					
u. NAME OF HOSPITAL OR INSTITUTION (II not in nospital, give siteal educass)		ON A FARAL					
Prince George's General Hospital	5006 Edmonston Ave	YES NO					
NAME OF First Middle DECEASED	Last 4. DATE Month OF	Day Yaar					
(Turn or not-4)	DEATH -	2. 1962					
	retwell January 1: Date OF BIRTH 9. AGE (In years IF UNDER 1 YI	AR IF UNDER 24 HRS.					
- a land with T awards T	June 21,1907 last birthday) Months Da	ys Hours Min.					
Female White WIDOWED DIVORCED	04 /14	THE OF WHAT COUNTY					
a. USUAL OCCUPATION (Give kind of work one during most of working life, aven if retired)	25 2 3	N OF WHAT COUNTRY?					
Housewife Own Home	Maryland U.S	• A •					
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Harry Cissel	Broth Tarrend						
	INFORMANT Address						
as. no. or unkown) i (Ifyas oʻya waror datas oʻf servica)		40					
	rnest Homer Fretwell, same	88 # £					
18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c).]		ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDING FI	AILURE	ONSET AND DEATH					
4 16 X DUE TO O							
The state of the s	HEART DISEASE						
Conditions, if any, which gave rise to immediate cause	TEART DISEASE						
(a), stating the underlying DUE TO							
causa last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY PERFORMED?					
		YES IN NOXX					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20%. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Entar nature of injury in Part I or Part II of itam 18.)						
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.							
	CE OF INJURY (Homa, farm, 20f. (City or town) (Countley, street, office bldg., etc.)	y) (Stata)					
p.m. 19 at work at work							
21. I certify that I took charge of the remains described above, he	eld an Autopsy 🛣 , Inspection 🛣 , Inquiry 🛣 ,	and in my opinion					
death resulted from: Natural causes X, Accident , Suid	ide , Homicide , Undetermined manner						
	CHIEF MEDICAL EXAMINER						
ACTUAL ()	A SECTION WEREAL EVALUATION TO	DATE SIGNED					
SIGNATURE James J. J.	C.D. ASSISTANT MEDICAL EXAMINER	PAIR SIGNED					
EXAMINER'S	DEPUTY MEDICAL EXAMINER	1/13/62					
NAME (Typa) / James I. Boyd, M.D.	Addrass (Street, city, town, or county)	(2)					
REMOVAL (Spacify)	5	(Stata)					
Swrial 1-16-1942 Hort June	aln Com Bladensleurg !	austerna					
3. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAS'S SIG						
V.W. Eliamber De. Phuerdal	11) Qo 100 1 7 100	**					
	DATE TO TO COLUMN S	Tansaci.					

alayer to the same and the same addied are of the contract of ava de orre de meneral a lenol a lenol de orre de aparte SEC . St Manuel C / 10 / Lloysout Declarity . Political Sunce See See A THICK TO THE 2 % as acce (Liew etc) reson taents. Lord I. Boyd, A.W. San Burto-1 LANGE OF THE STATE FOR STATE HEALTH DEPT. delay is necessary, director. Page for your files. TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is repleases that the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the first direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bours after death.

> VS. A1SME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01020 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Prince George's MARYLAND	*. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b writa RURAL and give naarest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Riverdale D.O.A.	6/ Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Leland Memorial Hospital	1 3912 Queensberry Road YES NO X
B. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
(Type or print) James Howard S. SEX 6. COLOR OR RACE 7 MARRIED 18	Galentine DEATH January 20, 19 62 DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MARKIED MEYER MARKIED	last birthday) Months Days Hours Min.
Male White WIDOWED DIVORCED	June 12,1913 48 yrs.
done during most of working life, even if retired)	
Superintendant Building	Pennsylvania U.S.A.
Homer Pletcher Galentine	Catherine Henry
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yas, no, or unkown) (Ifyasgiva warordatasofsarvica) 578-10-128014	Geona Catherine Galentine, same as # 2
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute conge	estive heart failure ONSET AND DEATH
T DUE TO	
Conditions, if any, which	leart disease
gava rise to immadiata causa (a), stating the underlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
E 20a. EXTERNAL CAUSE WAS ☐ PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	Entar natura of injury In Part I or Part II of item 18.)
	ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) tory, streat, office bldg., etc.)
Hour a.m. p.m. While Not While at work at work	ory, aroun, orner orays, seein
21. I certify that I took charge of the remains described above, he	old an Autopsy, Inspection X Inquiry X, and in my opinion
death resulted from: Natural causes X Accident . Suic	ide, Homicide, Undetermined manner
1. 1	CHIEF MEDICAL EXAMINER :
SIGNATURE CLIMES) Tox	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER January 21, 19 62
NAME (Typa) James L. Boyd	Addrass (Straat, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country) (State)
MEMOVAL (Specify)	120. LOCATION (CITY, TOWN, OF COUNTY) (STATE)
101141 1 1 7 7 62 17 64 DUNC	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SHONATURE
Til YII Alacida Pa Dina a.a.	DAD DATE JAN 25 '62 archird & Kround
in in culuminately the survey will	IPIA I DAIL DAIL & DUZ CIVILIAN & Thous

or Language Boller Alone Man Lander ED, 18 60 Lancy Lynnes Cetanana ontrentes The says - we produce the stand colours and a section entill I dried ovideethio saus) THE LEW ASSESSMENT OF THE PARTY

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01021

CERTIFIC	CATE	OF D	EATH

01013

1		D. COUNTY Prince Georges County MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Michigan b. COUNTY b. COUNTY
1	b	C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Taking Fack The state of the state
	C	a. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Com a FARM? YES NO
		NAME OF DECEASED Type or print) First Middle GALLOWAY A. DATE Month Day Year 31 1962
1	5. S	Finale Whote WIDOWED DIVORCED January 9, 1880 82, yrs. Months Days Hours Min.
		USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSINESS OR INDUMRY 11. BICHPLACE (State or foreign country) Approximation of working life even it retired)
		Milford Roosa Juliaette Brack
	15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service)
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure PART I. DEATH WAS CAUSED BY: PART II D
		Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Secule Arterios elevasis Lenevalued 10 years (c)
11)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO \(\sigma \)
1	CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark 19 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)
1		21. I certify that (I) (this hospital) attended the deceased fram 1 Nov 1961, to 3/10- 1962 that (I) (we) last saw the deceased alive an 26 January 1962 and that death accurred a 25 M, fram the causes and an the date stated above.
		220. SIGNATURE ATTENDING MED. STAFF SIGNED STAFF SIGNED STAFF PHYS. DIRECTOR PHYS. 31 Jan 1962
		22c. PHYSICIAN'S NAME (Type) Y. B. QUEEN M.D TAKOMA PARK Md
	23a	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Hudson, Wichigan
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS

THE THE MAIN SHALL SHOW Frank Line of the State of the MINIMERELY SELECTION LANGER CLECK Mileral Kerne Comment Leaved the Head of Down Colonia is diet. the congestive Heart traduce the and the second of the first of the second of Electrication Description of Segund Color 13 18:00 62 82.00m 62. the Durence of the man # 13 QUEER HO TRKILL PARK ME Provide St. 2 Mile Maple Street Donating Hortest Street 185

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \sum \text{Tennor of the law requires that the death Pace may be retained by the hospital or attending physician. \$\frac{\pi}{2} \sum \text{TO FUNE}\$ TO FUNE DIRECTOR: After this certificate has been signed by the attending physician and completely at in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. So I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS AND RECORDS AND RESEARCH AND RESEARCH AND RECORDS AND RESEARCH AND RESEARC

	01022 CERTIFICATE OF DEATH
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	a. COUNTY RINCE GEORGE MARYLAND B. COUNTY P. CTEO.
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town)
	CHINTON TO VRO, X CHINTON
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	RT 1 1301 245 YES NO D
3.	NAME OF First Middle Last 4. DATE Month, Dey Yeer
	(Type or print) LOUIS KRYDER GEIST DEATH THN, 25 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
	WIDOWED DIVORCED ON OWN 30- 1870 65 YES.
10	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
E	NGINETR'S AIDE FLOCTOR POTTS TOWN, PA. U.S.A.
13	FATHER'S NAME
	HOWARD GEIST EWIZABETH WORF
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT os, no, or unkown) ((free give were orderes of service)
1,	es, no, or unkown) (Ifyes give were redetes of service) 577-09-33-12 (FRACE (FEIS)
	IB. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) TERMINAL BRONCHO INEUMONIA 24 H/S
	1210 DUE TO
	Conditions, if any, which (b) TRANSITIONALO CELL CARCINDINA OF BLANDED 3 VDS
	geve rise to immediate cause (a), stating the underlying DUE TO WITH GENERALIZED METASTESES
	ceuse lest. (c)
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	ARTERIOSCIDEROTIC CARDIOVASCULAR DISEASE WITH ANGINAL YES INO IN-
IFIC	20. ACCIDENT WAS INDEDITING IN 1 30h DESCRIPE HOW INTIRY OF COLUMN OF INDIRY IN Part of Item 18.)
GER	OR CONTRIBUTING IT dayes on Death (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING IT DAYES ON DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
1	CO. THE OF INVERY Work Day Year 1 20d INVERY OCCUPANT 1 200 PLACE OF INVERY (Home form, ' 20f. (City or town) (County) (Stete)
MEDICAL	Hour a.m. D While Not While factory, street, office hide retail D D D D D D D D D
1	21. I certify that (I) (this hospital) attended the deceased from IT-1, 19 to PR SIN (I) (we) last
	saw the deceased alive on TAN, 25 1962 and that death occurred at 1. TM, from the causes and on the date stated above.
	22b. DATE
	DIRECTOR PHYS. DIRECTOR PHYS. 1/25/62
	22c. PHYSICIAN'S NAME (Type) A RTHOR SHAVER TR.MD. BRANCH AVE, -CLINTON, MD.
23	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial 1/27/62 Pleasant Grove Cem. Needmore, Penna.
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Ritchie Bros. Fun'l Home-Upper Marlboro. Moly

- 2011 The state of the s weight 1787/38 Withousant Grove Jam. Widdroid, in Commit-Attanta Dros. van't Hame-Uppen Markbour, Md.

a in by the funeral

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION

1. PLACE OF DEATS			2. USUAL RESIDES		b. COUN	TY_	
1 01711 02 701111	Frince George			ryland	. 40 10 10	Prince	Georges
	if outside corporete limits, if give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orata limits, writa	KUKAL and giv	e nearast town;
	Cheverly	8 days		everly			a. IS RESIDENCE
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in ho	ospitel, give street address)	d. STREET ADDRES	2			ON A FARM?
Prince G	eorges General I	Hospital	6	312 Tnw	ood Stre	et	YES NO
. NAME OF	First	Middle	Last	4. DATE	Month		y Yeer
(Type or print)	Margaret	A	Gibbons	OF DEATH	Jan	28	8 19 62
. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	. DATE OF BIRTH	9	. AGE (In years last birthdey)		
Female	White WIDOW		26 March	1876	83 yrs.	Months Days	Hours Min.
		KIND OF BUSINESS OR INDUSTR				1 12. CITIZEN	OF WHAT COUNTRY?
one during most of wa	None		St. Mary!				SA
3. FATHER'S NAME			14. MOTHER'S MAIDE				
John: L	асэу		Unkno	WIII.			
	ER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO 1 17 1			Address		
	If yes give wer or dates of service)		-		7,001000		
			spital Redo	rds			
IB. CAUSE OF I	DEATH Enter only one ceuse per	line for (e), (b), end (c).)	7	0			INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	us angen av	ley are	luxes	5		8 Alse
111	IMMEDIATE CAUSE (e)	in the second					o vous
147	DUE TO	000	4				
Conditions, if en	y, which) (b)	thecastera	rer				10 m/2.
geve rise to immed	E DITE TO						
(a), steting the u	inderlying Doc 10						
ceuse lest.) (c)		T DEL ATER TO THE TERM	UNIAL DISEASE	CONDITION CIV	(ENLINED ADT 1/-)	V20OTUA 2AW OLU
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT NO	NELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN INTAKT (8)	PERFORMED?
Inter	lina distruct	in from d	unders!	uleer	L 630	elor.	YES NO
	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury	in Part I or Pert I	Il of item 1B.)		
(IF EITHER, NOTIF)	MEDICAL EXAMINER)						
20c. TIME OF INJU	JRY Month, Dey, Yeer 20d		CE OF INJURY (Home, fe		y or town)	(County)	(State)
20c. TIME OF INJU Hour a.m.	Whi	10 111110	ory, street, office bldg., e	etc.)			
		ork et work	A		75		
	that (I) (this hospital) atte						
saw the decea	sed alive on 7.7.	196 2 and that	death occured at	12. GLAN	n the causes	and on the	date stated above
22e. SIGNATURE	0 1/1	11					22b. DATE
220. SIGNATURE	John Ne	kre M	.D. PHYS.	DIRECTOR	STAFF PHYS.		SIGNE
22c. PHYSICIAN'S		De., ,.D.	6300	RIVE	RUAL	En B.	D, RIVERO
3a. BURIAL, CREMAT REMOVAL (Specify Burial	Jan. 31st 62	Cedar Hall C			ation (City, to		(State)
4 PUNERAL DIRECTO		ADDRESS	2 to 238. K	REC'D BY REGIS	TRAR 256. REG	GISTRAR'S SIGN	NATURE
THE DIRECTO	. 0 14	41-gd Hope Rd.	7 5				
xxmmer	A OSNOS IL	and other	DATE	IAN 3 0 '6	2 1 0	ting 8. Th	AUA

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Marvland files. Prince Georges MARYLAND S-Hear c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b director. write RURAL and give nearest town) or your Mount Rainier 3 Years Mount Rainier d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Eastern Avenue Apt.1 4301 Eastern Stai 4. DATE 3. NAME OF er death. If any and 3 to the f DECEASED OF January DEATH DAVIS (Typa or print) THOMAS GIBBONS 9. AGE (In years | IF UNDER 1 YEAR with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B. DATE OF BIRTH 5. SEX 1, 2, and 3 age 5 may 1 1 and 2 with 72 hours a last birthday) Months Male Sept. WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or toraign country) Page 18. Give Pages 1, 2 h form PM3. Page dona during most of working life, even if retired) Stamardsville, Val. Standard Register. Office Manager pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Chastine Gibbons Allie M. Startt File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no. or unkown) | (If yas give war or dates of service) with Mt. Rainier Mrs. Louisa G. Beach. any unknown pencil in Item 18. CAUSE OF DEATH lenter only one cause par line for (a), (b), and (c), Medical Examiner's Office along should be used as a burial-transit PART I. DEATH WAS CAUSED BY: Myocardial infarction pue IMMEDIATE CAUSE (a) certificate should be DUE TO removal, Coronary artery thrombosis Conditions, if any, which (b) gava risa lo immediate causa DUE TO (a), stating the undarlying Ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY cremation, CERTIFICATION pluods 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing t e Chief / Page 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) the Chic 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Whila Not Whila at work al work OR: P 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X ute the cerms forwarded to al. DIRECT Undetermined manner Natural causes Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S January NAME (Type) Address (Street, city, town, or county) DEP 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial Arlington Virginia 940 p 0 Jan 4. 1961 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Hyattsville Md.

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Prince Georges

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM? YES NO K

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO

(Stata)

and in my opinion

DATE SIGNED

1961

(County)

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IF UNDER 24 HRS.

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VS. A15ME SM 9/60

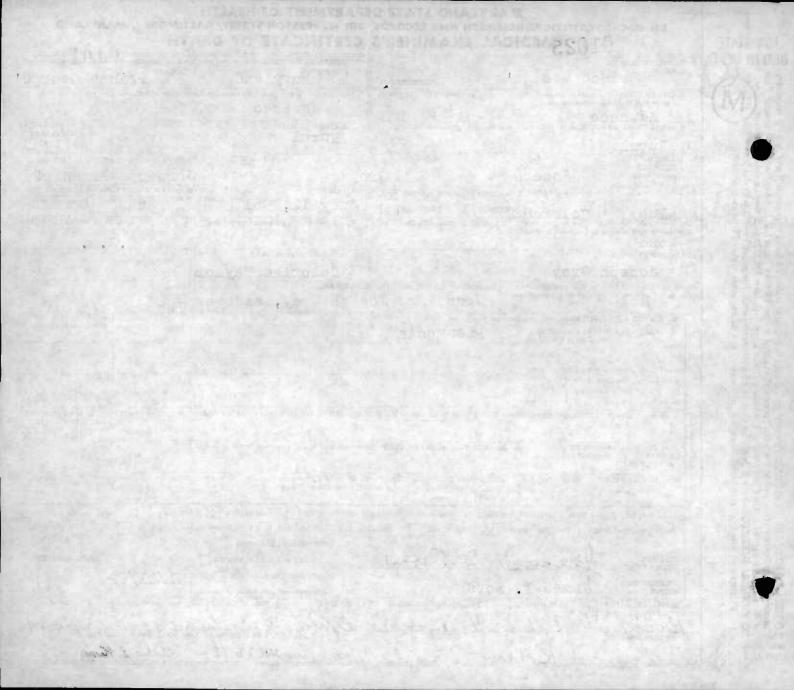
23. FUNERAL DIRECTOR

F Gasch's Sons

sequents control touty to the form of the first of the fi We all I Jon wheel we was all ICH - Land suseve his take 1054 Ease we shake memory to the last 18, 1811 EU The Sales of Utilde Kinnger e Standard Healtaidh. Glas Haville, Ve. 1.8.1. Trings . Tellin . . W. II W. II . weigner were would be seed, . W. asimise, . Asiascachie Wester Menogo. The Comment of the A Company of the same of the s 185 5 12 Appenis Franchis and a floating

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE OMEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) PLACE OF DEATH ly is necessary, I director. Page .. COUNTY Prince George's a. STATE b. COUNTY rince MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) al director for your write RURAL end give neerest town) Aquasco Life Aquasco d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON + FARM? Rura] Rural YES THO ! iould be executed within 24 hours after death. If any of the properties of the prope 3. NAME OF 4. DATE Middle Last Month Dey Yeer DECEASED OF Gray 6 600 (Type or print) Joseph DEATH January 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Hours Min. DIVORCED WIDOWED Colored 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Grav Delorise Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetes of service) Joseph Gray. None same 2.5 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pneumonia IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) "pending" geve rise to immediate cause ute the certificate, writing the word "pending" forwarded to the Chief Medical Examiner's IL DIRECTOR: Page 3 should be used as a DUE TO (e), steting the underlying ion, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremat NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) 0 While Not While Hour e.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes | x Homicide Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE FUNERAL EXAMINER'S ames Boyd I NAME (Type) Address (Street, city, town, or county) shour 22c. NAME OF CEMETERY OR CREMATORY 220. SURIAL, CREMATION, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH 6 24O FUNERAL DIRECTOR VS. A15ME DATE JAN 5 5M 7/59 arthur S. Kracie

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely at the funeral state of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

S I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afterdeath.

	DIVISION O	F STATISTICAL	RESEAR	CH AND REC	ORDS,	301 W. PR	ESTON S	TREET,	BALTIMOR	RE 1, MAR	YLAND	
		01026		CERTIFIC	CATE	OF DE	ATH			- 51 175	010	118
	PLACE OF DEATH	mbgome my /	ince	Gensemany	LAND	e. STATE	Maryl	and		TY Month	omersy	,
	b. CITY OR TOWN (if	outside corporete limi	is,	c. LENGTH OF ST	AY IN 1b	CITY OR	TOWN (If o	utside corpo	rate limits, write	RURAL end g	ive nearest to	wn
	College F	give nearest town)		3 year	s	71	Colle	ge Pa	rk			
		AL OR INSTITUTION	f not in hosp	itel, give street add	ress)	d. STREET A	ADDRESS					RESIDENCE A FARM?
	4324 Rowa	lt Dr. Apt	. #301				4324	Rowal	t Dr. A	pt. #30	T	NO P
3.	NAME OF DECEASED (Type or print)	Florine	Ch	middle ristine	Gros	sskurth	4	OF DEATH	Januar		900 Yo	62
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B	. DATE OF BIRTH	,	9.	AGE (In yeers	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
	female	white	WIDOWED			Feb. 12,	1894		67 birthday)	Months De	ys Hours	Mîn.
1De	one during most of wor Housewife	ON (Give kind of work king life, even if retire	d)	no of Business of	R INDUSTR	Y 11. BIRTHPLA Mary	_	& Stete, or f	foreign country)		S.A.	COUNTRY?
13.	FATHER'S NAME	Total Control				14. MOTHER'S	MAIDEN NA	AME	. 1			
-	Edward	S. White				Jul	iA	Mi	ler			
		R IN U.S. ARMED FOR		OCIAL SECURITY N	10. 17. I	NFORMANT			Address		Mar	yland
(10	No No	yes give we ror detes of s	217	7-12-5943	E	dward W.	Gross	skurth	4324 R	owalt [r. Col	lege
=	18. CAUSE OF D	EATH (Enter only one	ceuse per lin	ne (or.(a),(b), end ((c).]	-	^	0.0			INTERVAL B	
	PART I. DEATH	WAS CAUSED BY:	(Wo (MA	MILLI	luse	elle	10016	u	ONSET AIRE	DEATH
	4	DUE TO	0				٥.	711				
	Conditions, if any	U al	Cor	Auous	(01)	leau 1	Des	eas	0			
3	geve rise to immedia	ete ceuse	^		7	TO	50		1	1		
	(e), stating the uncourse lest.	nderlying	(les	lours	Jose	DINC.	arde	8260	welled	Leces	0	
z		SIGNIFICANT CONDI	TIONS CONT	TRIBUTING TO DEA	TH BUT NO	OT RELATED TO T	HE TERMINA	L DISEASE	CONDITION GIV	EN IN PART 1	a) 19. WAS	AUTOPSY ORMED?
ATIC	STATE OF THE STATE OF										YES T	NO X
IFIC.	2De. ACCIDENT W	AS UNDERLYING	20b. DESC	CRIBE HOW INJURY	OCCURED	. (Enter neture of	injury in Per	rt I or Pert II	of item 18.)	4-4		
CERTIFI		MEDICAL EXAMINER)										
1×	2Dc. TIME OF INJU	RY Month, Dey, Ye	ar 2Dd. II	NJURY OCCURRED		CE OF INJURY (2Df. (City	or town)	(County	/)	(Stete)
MEDIC	Hour e.m.	19	While et work	Not While et work	fect	tory, street, office	bldg., etc.)	1				
-	p.m.	hat (I) (this hospi	tal) attend	led the decease	ed from	Que	15	5.7. to.	Jeen	30 . 196	2 that (1)	(www) last
	saw the deceas	11.	1	9 1962		-	4 200	0	()		date stat	ed above
	22a SIGNATURE	Q216	hell	02)		ATTENDIN PHYS.	DIR	D. RECTOR	STAFF PHYS.	1-:	30-6	2b. DATE SIGNED
	226. PHYSICIAN'S NAME (Type)	RICHARD	LU	HELTO	NA	22d. ADD	Illu	week	elybl	wdF	nu	ylui
23	REMOVAL (Specify) Burial	ON, 23b. DATE THE		Mt. Olive					ngton,			(S)(ate)
24	FUNERAL DIRECTOR	n	11921	ADDRESS		rgia Ave	25e. REC'D	BY REGIST	RAR 25b. RE	GISTRAR'S SIG	SNATURE	
		//.	1.			0	DATE					
I_W	arner E. E	umphrey, I	nc. Si	Tyer Spri	ng, i	Md.	FFR	2 161	2	it as I !	in maked	

MARYLAND STATE DEPARTMENT OF HEALTH

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Narmar E. Pumphrer, Inc. Silver Spring, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

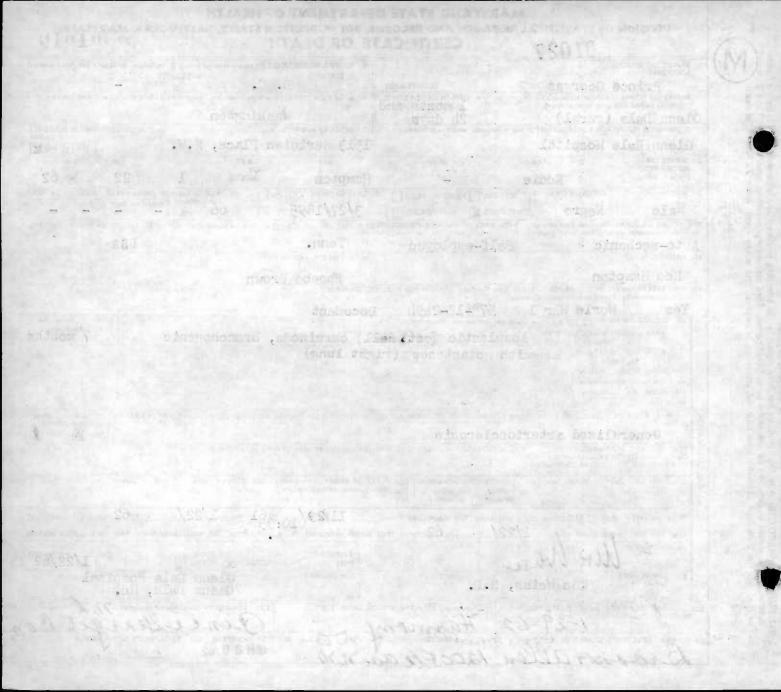
TO FUNE

U DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, ges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

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DIVISION	01027	L RESEA	CERTIFICA			EET, BALTIM	ORE 1, MA	RYLAN	19
1. PLACE OF DEAT	н			2. USUAL RESIDI	ENCE (Where			dence before	admission)
	e Georges		MARYLAND	a, STATE	D. C.	b. COUN	(TY		4
b. CITY OR TOWN	(if outside corporate limits	,	c. LENGTH OF STAY IN 16			orporate limits, write	RURAL and gi	ve nearest to	wn)
	d give nearest town)		I month and		Washin	ort.on	47	1 1	3
Glenn Dale	(rural) ITAL OR INSTITUTION (if	not in hos	24 days	d. STREET ADDRE		goon	7 /	l a. IS I	RESIDENCE
	e Hospital	1101 111 1103	pinal, give silver address)	1513 Merid		ace, N.W.		ON	A FARM?
NAME OF DECEASED	First		Middle	Last	4. DAT	E Month	1 D	ay Yes	31
(Type or print)	Eddie		- **	Hampton	DEA	тн 1	22	19	62
5. SEX	6. COLOR OR RACE		D NEVER MARRIED 1	DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UNDE	R 24 HRS.
Male	9.7		TOTAL TOTAL CONTRACTOR OF THE PARTY OF THE P	3/27/1895		(last birthday)	Months Day	s Hours	Min.
	Negro	WIDOWE	DIVORCED	-1 .1		OO yrs.	12 CITIZE	OF WHAT	COLINTRY
	orking life, even if retired		IND OF BUSINESS OK INDUST		ounty & State,	or foreign country)			COUNTRI
Auto-mecha	nic	Sel	f-employed	Tenn.			USA		
3. FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
Lee Hamr	oton			Phoebe	Brown				
5. WAS DECEASED E	VER IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.		DIOWAL	Address			
	(If yes give war or dates of se		70 70 0101	D					
	World War I			Decedent			-	INTÉRVAL BI	TWEEN
				77\	la sa	an ah a anni		ONSET AND	DEATH
1169			astic (oat ce		ma, or	ouchogenr		(10	OHOH
100	DUE TOW	rith r	metastases (ri	ight lung)					
Conditions, if an	y, which) (b)								
gave rise to immed	DI TILL								
(a), stating the cause last.	underlying								
	FR SIGNIFICANT CONDITI	ONS CON	ITRIBUTING TO DEATH BUT NO	OT RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	/EN IN PART 1(a	119. WAS	AUTOPSY
								PERF	ORMED?
Gener	alized arter							YES X	ИО
OR CONTRIBUTING	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURE). (Enter nature of injury	in Part I or Pa	ert II of item 18.)			
20c. TIME OF INJ	URY Month, Day, Year	20d.		ACE OF INJURY (Home,		City or town)	(County)	(State)
20c. TIME OF INJ Hour a.m.	19	W hile		tory, street, office bldg.,	etc.)				
P	.,	al) atton	ded the deceased from.	11/29/	1261	to 1/22/	1962	that (I)	(we) la
			1962., and tha	to a the second of	10 40				
	sed alive on	4.221.	19Q.Z., and ma	dearn occured a	тд., ти, п	om the causes	and on the		b. DATE
22a. SIGNATURE	MHE Wh	in	A	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1/2	2/62
22c. PHYSICIAN'S		ss, M	• D•	22d. ADDRESS		Glenn Da Glenn Da	le Hosp	ital	
REMOVAL (Specific	100, 236. DATE THERE	62	Harmon	OR CREMATORY	23d. L	OCATION (City, 10	wn or county)	mais	State)
4 FUNERAL DIRECTO	OR'S SIGNATURE	vie &	Brandoress 1	V	JAN	3 0 '62		S. Times	
Drog	MITULL	en	Iduotica	De NW DATE			- Constant	a. / Unsid	

MARYLAND STATE DEPARTMENT OF HEALTH



ed in by the funeral es 1 and 2 should OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Pace 4 may be retained by the hospital or attending physician. O FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely we director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Designed with the State Dept. of Health prior to burial, cremation, or removal—eag in any event, within 72 hours after

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15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1028	CERTIFICATE OF DEATH	01021
LIST COL	2. USUAL RESIDENCE (Whare daceesed lived, If institution	n: Rasidanca bafore edm

1. PLACE OF DEATH e. COUNTY			2. USUAL RESIDEN	ICE (Whare daceesed livad, If in		
Prince Geor	rale	MARYLAND	Maryla			man I a
b. CITY OR TOWN (if outsi	ide corporate limits,	c. LENGTH OF STAY IN 16		(Il outside corporata limits, write	nce Geo RURAL and gi	ve mearast town)
Cheverly			40 Bladens	sburg		
d. NAME OF HOSPITAL O	R INSTITUTION (if not in hos	pital, giva street addrass)	d. STREET ADDRESS			e. IS RESIDENCE
	ge's General	Hospital	4105 -	53rd Avenue		YES NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	D	ay Yaar
(Type or print)	Clayton	P.	Harley	DEATH Janu		22 1962
5. SEX 6. C	OLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers last birthday)		
Male	White WIDOWE	D DIVORCED	3-20-96	65	Months Dey	rs Hours Min.
10e. USUAL OCCUPATION (IND OF BUSINESS OR INDUSTR		inty & State, or foreign country)	12. CITIZE	OF WHAT COUNTRY
Petired physi		verment	Pennsyl	vania	U.S	. A.
13. FATHER'S NAME	L		14. MOTHER'S MAIDEN	NAME		
Henry Harle	•		Amanda 1			
15. WAS DECEASED EVER IN (Yes, no, or unkown) (If yesgi		SOCIAL SECURITY NO. 17.	NFORMANT	Address		
	W 1	Ida	K. Harley	Same as #2	Wife)	
18. CAUSE OF DEATH	H [Enter only ona ceuse per l	ine lor (a), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WA	S CAUSED BY: He	patic Coma				ONSET AND DEATH
55 mme	DIATE CAUSE (a)					
1 2/1	DUE TO Car	cinoma of the	Head of the	Pananaga		11
Conditions, if any, wh gave risa to immediata ca	(0)	O2110416 O1 0110 .	read OT OHE	rancreas		unknown
(e), stating the undarly	DUIT TO					
cause last.	(6)					
PART II. OTHER SIGN	HIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a	19. WAS AUTOPSY REREORMED?
3						YES NO
PART II. OTHER SIGN OF CONTRIBUTING CA OR CONTRIBUTING CA I (IF EITHER, NOTIFY MEDI	AUSE OF DEATH	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of itam 18.)		
	Month, Day, Yaar 20d.	INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, far	rm, 20f. (City or town)	(County)) (Stete)
20c. TIME OF INJURY Hour e.m.	While		tory, streat, office bldg., et	rc.)		
₹ p.m.	19 at wor	k at work	A	To Oatla	-	16
		ded the deceased from.		1960 to 10002		that (I) (we) la
saw the deceased a	alive on	, and maj	geath occured al.	2:30, from the causes a	and on me	22b, DAJE
22a. SIGNATURE	VIAMA DE	SSANTTE	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.		1/22/G
22c. PHYSICIAN'S	0-00.00	N'A	22d. ADDRESS			1 1
NAME (Type)	Dr. William D	Rosson M.D.				
23a. BURIAL, CREMATION,		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county)	(State)
REMOVAL (Specify) Burial	1/26/62	Arlington		Arlington,	0, 00011177	Va.
				0	ICTRABIC CIC	
24 FUNERAL DIRECTOR'S SIG	_	ADDRESS	25a. K	AN 2 5 '62 25b. REG	Chan S. T.	

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Table 1 Constant Cons

Mr. William D Rosson M. ...

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part 4 may be retained by the hospital or attending physician. TO FUND. L. DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoyer carbon papers. See 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OTO 21 01029 01021

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
e. COUNTY	a. STATE A / b. COUNTY!
Trince 4800003 MARYLAND	18 Wince Georges
o. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. OITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
8 1 1000 1 87 1011/10 10 10 10	Historile X
d. NAME OF MOSPITAL OR INSTITUTION (if not in hospital, give streef address)	d. STREET ADDRESS
>11/2 / 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	ON A FARM?
Trin Branch Mursing Home	Wydl Wicholson DT. YES NO
3. NAME OF First Middle	A. DATE Month Day Yeer
(Type or print)	DEATH J. 27 1962
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
S. SEX	last birthdey) Months Deys Hours Min.
remale while widowed of DIVORCED	UUNE 9. 1860 8/ yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life aven if retired)	13. 11. T. 1 1/3 H
Maisewife own frome	Dummereille ind 21. 4.11.
13. FÄTHER'S NAME	14. MOTHER'S MAIDEN NAME
Ihomzs Nyd	Pillie Cylinell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
(Yes, no, ir unkown) (If yes give war or dates of service)	1 1 1 2 222 2 2 1
None II	ursing home records
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Genny have
1 1 1 1 1 1 1	
DUE TO O	
Conditions, if any, which (b) Carhironsent	arrina disense 1/20
gave rise to immediate cause DUE TO	
(a), steting the underlying Cousa lest.	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
O PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT NO	PERFORMED?
No.	YES NO
	. (Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
p.m. 19 et work at work	
	0-11 10/c/ to 1/24 1060 shot (1) (wa) last
	196/, to 1/27, 1962 that (I) (we) last
saw the deceased alive on	death occured at
22e. SIGNATURE	ATTENDING MED. STAFF , 226, DATE SIGNED
(my W. Drait)	D. PHYS. DIRECTOR PHYS. D 1/27/62
22c, PHYSICIAN'S	22d, ADDRESS
NAME (Type) EARL W. GRAEFF, M	.D 2916 Kirburov Pl. W. Hyathrille, Med
238. BURIAL, CREMATION, 236., DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
BLEMOVAL (Specify) 1/30/62 Eliverit	Cemetery Elwood Indiana
ceurial 1/30/07 Cuota	DE DECID DY DECISTABLE OF DECISTABLE CIGALITIES
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
I resem Three Hem	DATEJAN 2 9 '62 Cirthun S. France

5. March Daries lain moul unique de us " Enst Richelson St. Ellie What there are the day Temale while we was a sure a side of the team wife the fine Jummer with Ind it of Thomas Klad Collect SPAINS SHOW THEN THERE SHOW THE RESIDENCE OF THE PARTY OF T

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH b. COUNTY Prince George s e. COUNTY age Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) East Riverdale D. O. A. heverly . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? George's General Hospital 6209 64th Avenue YES NO X Prince 4. DATE Month NAME OF DECEASED 1962 Heath DEATH January (Type or print) Joseph Bart 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 5 SEX last birthdey) Months 5 may d 2 wi hours 3,1961 WIDOWED [December 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired) U.S.A. None Marvland None pages 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Virgil Charles Heath Carolyn Ann Ryan File 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? permif. (Yes, no, or unkown) | (If yes give wer or detes of service) Virgil Charles Heath, same as with None No in Item INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH Office along burial-transit PART I. DEATH WAS CAUSED BY: VEUMONIA removal, and IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) geve rise to immediate cause used as a DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 word YES NO 1 Medical Plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Chief age 3 MEDICAL (Slete) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! Page factory, street, office bldg., etc.) Not While While Hour e.m. et work et work to the OR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion blease ext. 19 the certifical should be forwarded for FUNERAL DIRECTO Homicide | Undetermined manner Natural causes Accident Suicide death resulted from: CHIEF MEDICAL EXAMINER designated DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Jan. 26, 1962 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) Boyd Add
22c. NAME OF CEMETERY OR CREMATORY ames (State) 22d. LOCATION (City, town, or country) 22e. BURIAL, CREMATION, REMOVAL (Specify) 940 p 23. FUNERAL DIRECTOR VS. AISME 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

nuono mondrei baniyank amanan a'e maan enilay J.U.A. Transport Retained Description of the Secondary of Sou Da Wietun U we down down down down to Ti December 3,1881 day Bonna av Ing D Man book , Minch as Prend Figer V MY ESALDAVAN THE STATE THE WASHINGTON WHITE MANUSCREE BO WITE PURISHED AND A

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad livad, If institution: Residence before edmission) is nec.
director. Pe.
vour files.
* Health, a. COUNTY e. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN IF ourside corporate limits, write RURAL and give hearest compress c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Beltsville Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Lelano Memorial Hospital old Baltimore Road YES NO TO 3. NAME OF DECEASED John William Heflin DEATH anuary (Type or print) 5 may be re 62 19 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 75 yrs. Hours 24,1886 WIDOWED [DIVORCED s land 2 n 72 bot 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life even if retired) Laboratory Illinois U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Heflin Lena Cockrell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give wer or detes of service) None Mrs Mae V. Heflin, same 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute congestive heart failure IMMEDIATE CAUSE (e) should be DUE TO Cardiovascular renal disease Conditions, if eny, which (b) gava rise to immadiate cause ro DUE TO (a), stating the underlying as 0 pesn cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. PERFORMED? ate, writing the word the Chief Medical E R: Page 3 should be prior to burial, crema Pe NO X MEDICAL EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not Whila Hour e.m. at work at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: A Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE January 11,1962 EXAMINER'S Boyd ames I NAME (Typa) TO DEPL Addrass (Streat, city, town, or county) 22a. BURIAL, CREMATION, DATE THEREOF 40

MARYLAND STATE DEPARTMENT OF HEALTH

The Column States ANDR GOOD THE DIE DESIGNATION OF THE PROPERTY Telegration all to B - Telegration and Lene Cookrait Some ... Whe lat V. Hellin, sare as 1 8 Service of the State of the Sta OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per 4 may be retained by the hospital or attending physician.

TO FUNE, L. DIRECTOR: After this certificate has been signed by the ettending physician and completely do in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Less 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01032

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission)
a. county Prince Georges Maryland	e. STATE D. C. b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town) 3 months an	d Washington 47X-3
Glenn Dale (rural) 6 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Glenn Dale Hospital	1209 1st St., S.E. ON A FARM? YES NO TO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF
(Type or print) George Charles	Higdon DEATH 1 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male Negro WIDOWED DIVORCED	11/7/22 as Dirinday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country) 12. CfTIZEN OF WHAT COUNTRY?
done during most of working fife, even if retired) General Hauling	Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Contee Higdon	Ella Beal Higdon
	NFORMANT Address
(Yes, no, or unknown) (Ifyesgive wer or dates of service) Unknown Unknown	Decedent
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTÉRVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of the	
DUE TO	
Wanatia Cailuna	
gave rise to immediate cause	
(a), steting the underlying DUE TO	
cause last. (c)	T RELATED TO THE TERMINIAL DISEASE CONDITION CIVEN IN DART 1(4): 19 WAS AUTORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES 7 NO 3
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert t or Part II of item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OP. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Lines neither of injury in real) of real it of new 10-7
3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
nour e.m.	ory, street, office bldg., etc.)
	9/25/ 1961, to 1/1 , 1962, that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from.	
	death occured at
22e. SIGNATURE	ATTENDING MED. STAFF
22c. PHYSICIAN'S	22d. ADDRESS Glenn Dale Hospital
NAME (Type) Moe Weiss, M. D.	Glenn Dale, Maryland
23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY (
Burial 1-5-62 St. Paul Comen	ch Cemetary you Hill, Mar
24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. RECT BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
re nomes of winder, 2500 - Nichal	ACC DATE JAN 4 102

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01033 CERTIFICATE OF DEATH

Reg. Dist. No. 01025

1. PLACE OF DEATH o. COUNTY	H RINCE GEORGES CO 1	MD. MARYLAND	2. USUAL RESIDENCE (V G. STATE MARYLAN			Residence before NCE GEO		
b. CITY OR TOW RURAL ond giv MT RAIN	/N (If outside corporate limits, write ve nearest town) IIER MD	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	f outside corporate limit	ts, write RURA	AL and give ne	earest town)	
d. NAME OF HO OR INSTITUTION	OSPITAL (If not in haspitol, give street ON	oddress)	d. STREET ADDRESS 4519 32nd	St.	8		e. IS RESIDENCE ON A FARA YES NO	M?
3. NAME OF DECEASED (Type or print)	Alona	Middle G. F	Lost	4. DATE OF DEATH	Manth 1/30		ay Year	
5. SEX	6. COLOR OR RACE 7. MAR WHITE WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 7/16/1870	9. AGE last b		tonths Doys	Hours M	HRS. Ain.
10o. USUAL OCCUP during mast af HOUSE WI	ATION (Give kind of work dane 10b. working life, even if retired)	KIND OF BUSINESS OR INC	BALTIMOR				S.A.	ITRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
15. WAS DECEASED (Yes, no, or unknown)	(If yes, give war or dates of service)	SOCIAL SECURITY NO.	INFORMANT ILLSON K HUNT	emann. son.	Address 1400		K ST. D). E
Conditions, gove rise to cause (a), stat lying couse to		relmona itanosch Lyparte.	Contic He	ent Pin	ITION GIVEN	3	1 year	12
9	Sehility TWAS UNDERLYING 20b. DES TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	n Port I or Port II of ite	m 1B.)		YES NO	
20c. TIME OF IN	NJURY Manth, Doy, Year 20d. I m. While		PLACE OF INJURY (Home, for factory, street, office bldg., e)	(County) (S	State)
alive an	that I attended the decear 1-30-, 19 Waldo 13,)		1962, to the accurred at 825.0 m.n. 3503	Petry	uses and	an the dat		ave.
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMA PEMOYAL (Special Control of the contro	ATION, 22b. DATE THEREOF 2/3/62	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (CIT		county)	(State)	
	TOR'S SIGNATURE IMANN & SON of The Survey III		EORGIA AVEO.NE		24b. REGISTR	AR'S SIGNATU		

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Silve.			- our can		STEEL ME	
			A COUNTY OF THE	AS IKS	BE HILL	12.1 796
			-162 Ozad 91.			
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	2007 00×1		THE THE RESERVE	1500 1000		
	2037 00×1			1500 1000		
	2037 00×1			1500 1000		
	2007 BOA			1500 1000		
	200 90×1					
	201 00x1					

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	ending physician.	I DIRECTOR: After this certificate has been signed by the attending physician and completely mad in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Yes I and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
SPITAL OR ATTENDING PHYSICIAN:	death. Present may be retained by the hospital or attending physician.	I DIRECTOR: After this certificate ha	r, page 3 should be detached for use as the b	I with the State Dept. of Health prior to buris
OH OJ	death.	TO FUI	directo	be filed

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MARYLAND STATE DEPARTMENT OF HEALTH	
O1034 CERTIFICATE OF DEATH	rimore 1, maryland
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	PRINCE GERGES
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Prince George's General Hospital 7007-WALKER MIA 3. NAME OF DECEASED (Type or print) Eva MAY Jenkins	LL JPOAD 9. IS RESIDENCE ON A FARM? YES \(\text{NO} \text{NO} \) NO A PARM? YES \(\text{NO} \text{NO} \) NO A PARM.
last birthd	rrs.
15. WAS DECEASED EVER IN U.S. ARMIJO FORCES? (Yes, no, or unknown) (Iffyesgive were realess of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (e), stating the underlying cause last. (c)	E DISTRICT HEIGHT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES NO
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	(County) (Slete)
21. I certify that (I) (this hospital) attended the deceased from	lany29, 1.962(1) (we) last uses and on the date stated above. 22b. DATE SIGNED 1/29/62
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Shecify) 2/2/62 EP; PHANY 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5/7/12/24 256. RECOLAY REGISTRAR 256. WASHINGTOND CDATE	STVILLE MP REGISTRAR'S SIGNATURE

SAMPLE STATE OF THE SAMPLE STATES OF THE SAMPLE STA CHARGE TO THE TOTAL TO THE SERVICE T Parking of the Concession of the Late of the Late of the Late of the Concession of t The state of the s HOUSE WIFE AT HOME PROPERTY BESE TROMPS E LYDEH PARTY O THOMPSON NO THELMAR I TRASHIKE DISTORTHOWARD The state of the same The state of the s 1/89/450 T. 3074 T. 30 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\pi}{2} \times \text{death}\$. Page 4 may be retained by the hospital or attending physician.

\(\frac{\pi}{2} \times \text{TO FUNE} \)

\(\frac{\pi}{2} \times \text{TO FUNE} \)

\(\frac{\pi}{2} \times \text{3 should be detached for use as the burial-transit permit. Then please remove carbon papers. So I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH								
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH								
	01035 Items 4.4.10a, 11, 12 13	0 77 3717 0	705 0	173/62	iwk			
	PLACE OF DEATH S. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where dacaesed lived, if institution: Rasidence before admission) a. STATE Maryland Prince George's						
	b. CITY OR TOWN (if outsida corporata limits, write RURAL and give nearest town) Cheverly 7 days	c. CITY OR TOWN (I		ata limits, write RU	RAL and giva n	eerest tow	rn)	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS					SIDENCE A FARM?	
	Prince George's General Hospital	1106 54th	Avenue			YES	NO 🗌	
3.	NAME OF First Middle DECEASED	Last	4. DATE OF	Month	Day	Yee		
	(Type or print) Frances	Jewell	DEATH	January			62	
	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8 Colored WIDOWED DIVORCED	8. DATE OF 10/1	/1910	AGE (In years IF the birthdey) Mo	onths Days	Hours	Min.	
10a do	. USUAL OCCUPATION (Give kind of work na during most of working life, even if retired)	RY II. BIRTHPLACE . JU	a State	untry)	12. CITIZEN OF		OUNTRY?	
12	Domestic FATHER'S NAME	Georgia	NAME		U.S.	Α		
13.								
15.	Henderson Cross WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address				
(Ya	s, no, or unkown) (Ifyasgivewarordatasofservice)							
	18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).]	`. 0 .				RVAL 8E		
	PART I. DEATH WAS CAUSED 84; IMMEDIATE CAUSE (a) Crutte Mysea	rdel Longa	retion		ON	SET AND	DEATH	
	420.1 DUE TO					5//3		
	Conditions, if any, which \ (b) Hypertension							
	gava risa to immediata cause							
	cause last.							
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVEN	IN PART 1(a) 19	. WAS A	UTOPSY	
ATIC	PERFORMED? YES NO NO							
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. Whila Not While factory, street, office bldg., etc.) p.m. 19 at work at work							
	21. I certify that (I) (this hospital) attended the deceased from.	1/22	1962, to	1-29	, 1962., 11	nat (I)	(we) last	
	saw the deceased alive on1-29							
	22e. SIGNATURE	ATTENDING	MED.	STAFF PHYS.	1/31		DATE SIGNED	
	22c. PHYSICIAN'S NAME (Typa) Dr. Barry Rosenberg	22d. ADDRESS 1210 Chil	lum Man	or Rd.,We	st Hyat	tsvi	lle,Md.	
	BUFIAL (Spacify) 23b. Date thereof 23c. NAME OF CEMETERY REMOVAL (Spacify) 2-2-62 LINCOLN	Memorial	Suit	Tand	Rd.	M	late)	
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE 51-Kay St	. 7. W. DATE	D BY REGISTR	62	RAR'S SIGNAT			
				See A. C.	They I to	CAAA		

Commended 31 - King St. M. 201 . The St. St. St.

1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
FOR STATE		CERTIFICATE OF DEATH					
HEALTH DEPT	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)					
Sary	Prince George's MARYLAND	b. COUNTY Maryland Prince George! s					
S C S C S C S C S C S C S C S C S C S C	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)					
die de	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Fairmount Heights 30 d. STREET ADDRESS					
dela e e h.	Prince George's General Hospital	ON A FARM?					
any he fu etair deat	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF					
3 to t be r th th after	Lemuel Arthur	Judd DEATH January 31, 1962 D. DATE OF BIRTH J9. AGE (In yoors IF UNDER 1 YEAR! IF UNDER 24 HRS.					
and and 2 will sours	Male Colored WIDOWED DIVORCED	December 23, 61 Months Deys Hours Min.					
s afte 1, 2, 1, 2, ge 5 and 72 ho		11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
hour ages 3. Pa	None None None	Maryland USA					
W. P.	Ralph Judd	DorothyWichols					
Within 18. G		INFORMANT Address					
tem with with perm any	NO None R	alph Judd Same as #2					
exection in long ansit and in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pneumonia	INTERVAL BETWEEN ONSET AND DEATH					
d be pend ice a rial-tr	T93 X DUE TO						
shoul s Of s Of emov	Conditions, if eny, which (b)						
ndin niner' d as	(e), steting the underlying DUE TO cause last.						
Exam Exam e use ation,		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?					
This worn	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF OCCURED. (E 209. CAUSE OF DEATH	inter nature of Injury in Pert I or Pert II of item 18.)					
ER: g the f Me s sho rial,		met beidre of injury in real for rest if of flem to.)					
Chie age to bu		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
cate, cate, o the prior	Hour e.m. p.m. 19 While Not While et work 21. I certify that I took charge of the remains described above, he	Hara Anthron D. L. S. C. L. S. C.					
Bartifice or iffice or iff		Id an Autopsy					
MEDI the conforward forward ited age	1 0 13	CHIEF MEDICAL EXAMINER					
KAL Guaje	SIGNATURE James J. Joyl	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED					
D S P E S	EXAMINER'S JAMES I. BOYD M D	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 1/31/62					
O DEP	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City town, or country) (Stete)					
HH	23, SUNERAL DIRECTOR ADDRESS A	Men Suttimed Ad Md					
VS. A15ME 5M 9/60	Henry S. Washnight a Java 4925 Deane	Clus NE DATE FEB 5 162 CALL & REGISTRAR'S SIGNATURE					
	217735166	1770					

element sontrol. Minute part through a lawrest sur Shine sales - Hell No. Stranger - tomor. • • •

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IO FUNE 1. DIRECTOR: After this certificate has been signed by the attending physician and completely ""ad in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. See 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. TO HOSPITAL

> VR A15 (4) 15M 7/61

13 DIVISION OF

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MARYLAND STATE DEPARTMENT OF HEALTH

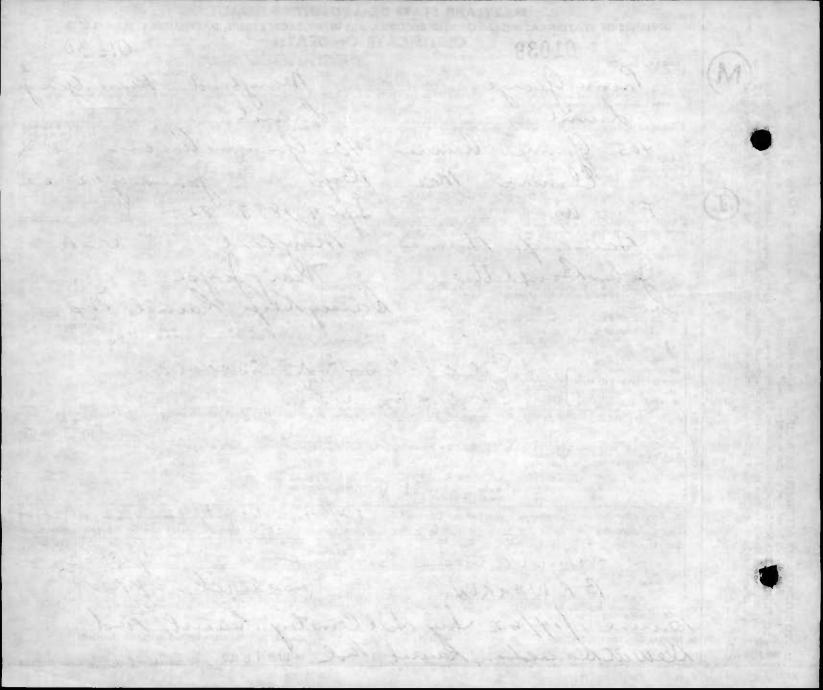
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (11038) CERTIFICATE OF DEATH

V	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before edmission)
)	e regulity	a STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
	Write RURAL and give neerest town)	P // Washer to poster minist, while restrict and give heards to the
	riverdale_	Deltsville 14
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
	Eugene Leland Memorial	4811 Ode 11 Rand YES NOTE
β	3. MAME OF First Middle	Last 4. DATE Month Day Year
1	(Type or print)	DEATH TO 10 40
١	Marke Edgar 1	elley Jan. 17 1762
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTA 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED	12-4-03 58 yrs.
	done during most of condition life and the state of the s	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	The state of the s	115A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Y	Eda VIII	01.11
A	LOGAV Telley	Martha houise huperty
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III (Yes, no, or unkown) (Ifyesgive werordetes of service)	NFORMANT Address /
		leeeased Above
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
۹	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Cordo a Bulgatter Sulde
	2 7	Garage The services
	Jao. O DUE TO MALAL	11/2 01 2/1/10 7:21
	Conditions, if eny, which gave rise to immediate cause	elerely ATHO I'M
	(e), stating the underlying DUE TO	
	cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	NO A 1 L YES NO M
		(Enter neture of injury in Pert I or Part III of item 18.)
H	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEACH OF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, '20f. (City or town) (County) (Stete) ory, street, office bldg., etc.)
	Hour e.m. p.m. How work at work at work	1
	21. I certify that (I) (this hospital) attended the deceased from	Juny 1961, to Jun 19, 1962 that (1) (we) last
	saw the deceased alive on Jew 19 19 62 and the	
	22a. SIGNATURE	death occured at
	122a. SIGNATURE	ATTENDING MED STAFF SIGNED
	M. Marien M.	
	22c. PHYSICIAN'S NAME (Type)	+ 22d. ADDRESS
	-WIVE ITIM	I Buendal , med
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
	Burial Jan 23, 1962 Ft Lincoln	Cometant Colmar Manor, Md.
	Burial Jan 23, 1962 Ft Lincoln 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	Cemetery
	7 1 0, c 1 H	m. 1
	Trunces Marcho sons Hyallaulle,	Mc. DATEJAN 2 4 '62 Cultury S. Thomas

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH						
Old Statistical Research and Records, 301 W. PRESTON STREET, BALTIMORE 1, MARY	30					
1. PLACE OF DEATH e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give neered lown) 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside a. STATE Maryland c. CITY OR TOWN (if outside corporate limits, write RURAL and give write RURAL and give neered lown)	acause					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress) 405 Januar Green Hospital 3. NAME OF First Middle Last 4. DATE Month Dev	e. IS RESIDENCE ON A FARM? YES NO					
F FFY 14 TOLOR OR DAGEL	2 19 6 2 IF UNDER 24 HRS.					
WIDOWED DIVORCED SETTING (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY A. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	Hours Min. OF WHAT COUNTRY?					
done during most of working life, even if relired) 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 14. MOTHER'S MAJOEN NAME 14. MOTHER'S MAJOEN NAME	S.A.					
	And NTERVAL BETWEEN					
Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lasi. Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause lasi. Conditions, if any, which gave rise to immediate cause (c) and to the state of the cause lasi.	NSET AND DEATH					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	19. WAS AUTOPSY PERFORMED? YES NO					
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County)	(Stata)					
Hour e.m. p.m. 19 While Includy, silest, office bldg., etc.)						
21. I certify that (I) (this hospital) attended the deceased from 12 1. 196.1, to 196.2 that (I) (we) last saw the deceased alive on 196.2 and that death occurred at 1. 2 M, from the causes and on the date stated above.						
22a. SIGNATURE B. P. Warren M.D. ATTENDING MED. PHYS. DIRECTOR P	6 2 SIGNED					
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) December 1 1 4 62 Sur Hill Cemeters Agus Aurel Man	(Steta)					
24 FUNERAL DIRECTOR'S SIGNATURE AGORESS 250, SEC'D BY REGISTRAR 256. REGISTRAR'S SIGNAL DATE AND 16'62 CONTINUED S. HOW	ATURE					



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01031

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		01040		CERTIFIC	ATE	OF DE	ATH			1111	31
e. cc Pr ь. cr Сh	vrite RURAL end (orge's outside corporate lim give nearest town)		MARYI c. LENGTH OF STA 5 days al, give street addre	Y IN 1b	Mary	Land TOWN (IF	outsida corpore	b. COUNTY	e Georg	
3. NAI	ME OF	eorge's Ger	neral H	Middle		7109 Last	Varn	am Stre	et Month	Dey	YES NO Year
(Туре	EASED or print)	James		C.		rkpatri		DEATH	Januar		19 62
	le	6. COLOR OR RACE White	WIDOWED	DIVORCE		12-15-J	1886		75 yrs.	Aonths Days	Hours Min.
done di		ON (Give kind of working life, even if retire		b)	INDUSTRY	11. BIRTHPLA Ham 14. MOTHER'S	MAIDEN I	y & Stele, or for NAME	ula uleve	1	S. D.
		R IN U.S. ARMED FOR ves give wer or dates of		OCIAL SECURITY NO	0. 17. IN	ina m	2 st	Leikpet	rick (above.	address) TERVAL BETWEEN
gav (a)		te cause		Chroni	c P	yelong	yhr	remuitis -	estrall	7 8 yss	NSET AND DEATH WEEK 8 Mm. —
	. ACCIDENT WA	SIGNIFICANT COND S UNDERLYING CAUSE OF DEATH	Jenera	RIBUTING TO DEATH	arter	nosele	rosi	ò			19. WAS AUTOPSY PERFORMED? YES NO
Ö (IF I	EITHER, NOTIFY I	MEDICAL EXAMINER	er 20d. IN While et work	JURY OCCURRED Not While et work		E OF INJURY ()			or town)	(County)	(State)
sav	w the decease	at (I) (this hosping alive on	. 11	the deceased	d from and that						that (1) (we) last late stated above
	PHYSICIAN'S	THOMAS	Ma G. 1	VALONOT	M.I.	ATTENDIN PHYS.		AED. IRECTOR -715	STAFF PHYS. []	andore	22b. DATE SIGNED
23a. 8L	JRIAL, CREMATIC OVAL (Specify)	ON, 236. DATE THE	1962	churchs	the	CREMATORY DOCUME	1	23d. LOCA	Bowe	or county)	rengland
24 FUN	alleys	S SIGNATURE TELES	Hone	ADDRESS 3	260-	Q. D. R.	25a. REC	D BY REGISTR	AR 25b. REGIS	STRAR'S SIGNA	TURE

A CONTRACTOR OF THE PARTY OF TH e to see a substant ALTER SATSON Med those I present to the out the fr er med a chirometa CALIFFE HILDE Stone trop Course a Car to 10 Displace of Milleria Heil Shakhatrak Brown It I wasting to foreverable the same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral bluods 1. PLACE OF DEATH 2 USUAL RESIDENCE (Whare deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Marvland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 à la write RURAL and give nearest town) Riverdale .5 davs Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince George's 4710 Queensbury Road General Hospital YES NO X completely NAME OF 4. DATE Month N DECEASED (Type or print) INFANT, BABY DEATH 62 January 12 19 Lamoureex 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Hours carl Male White WIDOWED [DIVORCED January 10, 1962 physician 10a. USUAL OCCUPATION (Giva kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired! any NONE ARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please affending Carol R MORSE Bernard R. LAMOUREUX 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT SAME AS #2 BERNARD RLAMOUREUX (Yas, no, or unkown) | (If yes give war or datas of service) NONF 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN Pulmonary Atelectasis ONSET AND DEATH PART I. DEATH WAS CAUSED BY: gned IMMEDIATE CAUSE (a) **burial-transit** DUE TO Promoture been Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the undarlying has cause last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? as 0 NO F use 208. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) Por 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stata) factory, straat, office bldg., atc.) Whila Not Whila Hour a.m. at work at work DIRECTOR: A should be det .1922.... and that death occurred at the from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death. Pag ector, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, \$23b. DATE THEREOF REMOVAL (Specify) EMETER OL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arilar S. Firma 15M 9/60 DATEAN 23

within 24 hours after

executed

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ISURILY JAN 23, 1762 HART IND FEMETARY E HARTLAND L'SI MECULET

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please expected within 24 hours after death. If any delay is necessary, a should be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function of the Associated to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Officellity, or ig designated agent, prior to burial, cremation, or removal, and in any eyest within 72 hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

VISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
01042 MED	DICAL EXAMINER'S	CERTIFICATE OF	DEATH 01033

a. COUNTY	2. USUAL RESIDENCE (Whare decessed lived, if institution: Residence before admission) o. STATE Maryland b. COUNTRINGE George's
Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
writa RURAL end giva naarest town)	5PUniversity Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE
Prince George's ?General Hospital	4412 Fact West Highway ON A FARME
3. NAME OF First Middle	113 NO _
(Type or print) Charles Harrison	Lederer January 24 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White widowed DIVORCED	July 6, 1888 highhey Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Stock Clerk Retired	Pennsylvania U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Phillip Lederer	Caroline Gleisner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
Yes WW 1 578-05-0811 V	irginia Walton Lederer, same as # 2
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute congest	heart failure ONSET AND DEATH
42 0.1 DUE TO	
Conditions, if eny, which \ (b) Coronary arte	tv disease
geve rise to Immediate cause	
tel, stating the underlying	
(c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OIL TOTAL CONTRACTOR OF THE CO	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS TO DEATH BUT NO CONTRIBUTIONS TO DEATH BUT NO CONTRIBUTIONS TO DESCRIBE HOW INJURY OCCURED. Contribution	(Enlar neture of injury In Part I or Part II of item 18,)
Hour e.m. Whila Not Whila fee	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) ctory, street, office bldg., etc.)
7	
21. I certify that I took charge of the remains described above, h	
death resulted from: Natural causes X: Accident . Suice	cide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE COMPANY DONA	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
examiner's James I. Boyd	DEPUTY MEDICAL EXAMINER 1/25/62 Address (Street, city, fown, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
burial 1/27/62 Glenwood Ce	emetery 124a. REC'D BY RESINAL PETERS RARS SIGNATURE
mi- 0 11 14 111	DU M . N .
The S.H. Hines Company Washington	J. D. CHAIR DAIL F. O'CHAIR

a ed way bening deed valorately by a sure of nemarks. The resemble most deal masters Make Make of the second of the Pennaltynning The local and comit retries and line S of Se duce , decembed not far intelligibly intermediate and the up the intention of the party of the party of the party of the party of TO C. C. Hannes Company Let 1 to med al . P. mortine la sal

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNE.

DIRECTOR: After this certificate has been signed by the attending physician and completely do not be the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

S in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

S be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11034

0.	LUZU						1.07
. PLACE OF DEATH			2. USUAL RI		re deceased lived, If i		
Pr	ince Georg	es Maryla		Maryland	1 5. 00010	TY Prince	Georges
b. CITY OR TOWN (if out	side corporate limits.	c. LENGTH OF STAY		TOWN (If outside	corporete limits, write	RURAL end give	neerest town)
write RURAL and give	nearest town)						
CI	neverly	20 Day	5	Hyattsvi	TITE		
d. NAME OF HOSPITAL	OR INSTITUTION (if no	t in hospitel, give street eddress	d. STREET A	DDRESS			a. IS RESIDENCE
	orges Gener	al Hospital		3924 Li	ivingston	Road	YES NO
B. NAME OF DECEASED	First	Middle	Lest	4. DAT	TE Month	Dey	Yeer
(Type or print)	Mamie		Lewis	DEF	2007	2'	,
5. SEX6.	Transport of the	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In yeers last birthdey)	Months Deys	Hours Min.
Female		IDOWED TO DIVORCED	14 oct		85 угз.	140 CITITEN C	F WHAT COUNTRY
10e. USUAL OCCUPATION done during most of working	life, aven if ratired)	10b. KIND OF BUSINESS OR IN	IDUSTRY II. BIRTHPLA	CE (County & State	e, or foreign country)	12. CITIZEN C	OF WHAT COUNTRI
None	,		WASH	INGT	en DC	7.	SA
3. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME		91 5	
JOSEPA	4 MIL	FRI	FRON	CES	Di MA	PRZA	
5. WAS DECEASED EVER IN	ILLS ARMED FORCES	16. SOCIAL SECURITY NO.		66	Addrase	1.10	ABIT D
Yes, no, or unkown) (Ifyess		(e)		- 1	*		DGERO
NO		No	JOSEPH	E LE	WIS GA	EENB	ELT M
18. CAUSE OF DEAT	H [Enter only one cou	se per line for (e), (b), and (c).]				IN	TERVAL BETWEEN
PART I. DEATH W.	AS CAUSED BY	10	1-			OI	NSET AND DEATH
	EDIATE CAUSE (a)	Jugurapa	ulu				dance
600:0	DUE TO	11.1.	1 ,				
Conditions, if eny, w		1 denal	helen				3 lass
gave rise to immediate of			munc				1
(a), steting the under	DILIT TO	/					101
ceuse lest.	(c)	Comerca	~				16 hts
DART II OTHER SIG		NS CONTRIBUTING TO DEATH I	RUT NOT RELATED TO TH	IF TERMINAL DISE	ASE CONDITION GIV	FN IN PART 1(a)	19. WAS AUTOPSY
5	MITCAM COMMITTO		OT ITOT KEETTED TO TI	it itkiiiiiiiii	THE CONDITION OF	Est litt Fact 1(0)	PERFORMED?
3							YES NO
200. ACCIDENT WAS L	JNDERLYING 20	B. DESCRIBE HOW INJURY OC	CURED. (Enter nature of	injury in Part I or P	Part II of item 18.)		7
OR CONTRIBUTING []	AUSE OF DEATH				and the same		
	JICAL EXAMINER						
20c. TIME OF INJURY Hour a.m.	Month, Day, Yaar		De. PLACE OF INJURY (H		(City or town)	(County)	(Stete)
Hour a.m.	.7	While Not While	factory, street, office i	bidg., etc.)			
	19	at work et work	11.0				
21. I certify that	(I) (this hospital)	attended the deceased	from	19	to	L. 7., 1962.	that (I) (we) la
		127 1962 and	Jahar Jasah assume	J -6 -50 A	M. the course	and on the	ata stated show
saw the deceased	anve on	and	inar death occure	su ar.w.a.w.m., 4	ine causes	and on the d	
220. SIGNATURE	. /		ATTENDING	MED.	STAFF		22b. DATE SIGN
1	4 0	4.	M.D. PHYS.	DIRECTOR	PHYS.		3,014
22c. PHYSICIAN'S	- muy		22d. ADDI	ESS 3408 F	R.I.Ave.		
NAME (Type) Dr	. L. Levits	ky, M.D.			ainierl, M	d.	
38. BURIAL, CREMATION,			ETERY OR CREMATORY		LOCATION (City, tox		(Stata)
REMOVAL (Specify)	1/20/1-	CEDA	P 14:11		1:+/A	10	MO
DENIAL	130/6		1 1 1 2	- 136	1 1 217/1	V	
4 FUNERAL DIRECTOR'S S	IGNATURE	5801 MASSES	A lepe	25e. REC'D BY RE	EGISTRAR 256. REC		
12W. M.	e la	Property	Mad.	DATE JAN 3 C) '62 a	ribury S. Kus	MA
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FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please expected within 24 hours after death. If any delay is necessary, please expected within a standard to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF O. P. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Prince George's MARYLAND	a. STATE b. COUNTY Maryland Prince Connecte
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (f) outside corporete limits, write RURAL and give neerest town)
	36 Tanham
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	Lanham s d. STREET ADDRESS i e. IS RESIDENCE
	ON A FARM?
Prince George's General Hospital	9113 7th, Street YES NO T
DECEASED	OF
(Type or print) Lyell Earl	Luck January 4, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	PATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Male White WIDOWED DIVORCED	Dec. 26, 1898 64 yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Virginia U.S.A.
Excavator Construction	Vinginia U.S.A. 14. MOTHER'S MAIDEN NAME
II To 00 T	
Henry Jefferson Luck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11	Addie Jane Pugh
(Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	
NO None Ma	ary Elizabeth Luck Same as #2
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlus	
DUE TO	
Conditions, if eny, which \ (b) Coronary arter	v disease
geve rise to Immadieta cause	
(a), slowing me underlying	
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E.	YES NEXT X
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ntar nature of Injury In Part I or Part II of item 1B.)
I to the	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 While Not While at work at work	ry, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . Suicident .	
ACTUAL 0 0 00	CHIEF MEDICAL EXAMINER
SIGNATURE James J. Joyal	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER
NAME (Type) James I. Boyd, M.D.	Address (Street, city, town, or county) 1/4/62
-REMOVAL (Specific)	CREMATORY 22d. LOCATION (City, town, or country) (State)
Burial Jan 8,1962 fort Linea	en Com, Bladensburg, Manylund
23. FUNERAL DIRECTORY	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
W. W. Chambers Eo Riverdal	May DATAN 8 162 O than S. Kraus
	Z T T T T T T T T T T T T T T T T T T T

name of the state marine.L. Enginee upong element franche to the company of the - Countries - Countries of the Countries - Countries doug most organ such Mond mosmoliat ymneh no to those Tienered Series and the Shippelly Wiletin Transfer and the said Japani. Bond, M.L. the first for for since in Buckersburg May Son ANT TOP IS TO SEE THE SEE THE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 045 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) is nece. Its nece. Per our files. 'Health, b. COUNTY P a. COUNTY rince George's Prine George's MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Cheverly D.O.A. Carrollton . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 8303 Quinton Street Prince George's General Hospital YES NO A the fune retained he State I 3. NAME OF Middle DATE Dev DECEASED 62 Charles Manning 5 h form Pages 1, 2, and 3 to the h form PM3. Page 5 may be re mit. File pages 1 and 2 with the vevent within 72 hours after de the Harry DEATH January (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Male Oct. 1, WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction District of Columbia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Manning Houston 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for permit. (Yes, no, or unkown) (If yes give war or detes of service) Eileen Ida Manning, same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL SETWEEN " in pencil in It Office along v burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure and IMMEDIATE CAUSE (a) I"pending" in pend Examiner's Office a sused as a burial-tr DUE TO Cardilovascular renal disease Conditions, if eny, which (b) geve rise to immediate cause DUE TO Examiner's (e), steting the underlying ould be used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION e certificate, writing the word "y arded to the Chief Medical Exi RECTOR: Page 3 should be u agent, prior to burial, crematio PERFORMED? NO S 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (Steta) factory, street, office bldg., atc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Inspection X and in my opinion lease exe the certific is should be forwarded to FUNERAL DIRECTO EDICAL Natural causes X Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE January 6,1962 DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU NAME (Type) Address (Street, city, town, or county) ames I Boyo 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Arlington Va. 940 g 2 Burial Jan 9, 1962 Arlington National Gen REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Civilines & Krous V5. A15ME K. Muntemann & Son 5732 Georgia Ave N. W. DATE 5M 9/60

B 1 5000 30 1881.124 nor Lawren The Companies and Miles 2001 | Invaligned formance of a surations by I Cot, I, toly an Age A.A. Decign to to telefall a molder taken Act so some , infinitely on media avent Inner wallerstel lively Es l'acteurs > 2 - august ton l'atique l'on. and ant affice

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (11037 01046

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Re	sidence before admission)
e. COUNTY	". STATE Washington 27, D. C.	for Conte
Prince Geo. County b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
write RURAL end give neerest town)	2.6	
Cheverly, Md. 7 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ad. STREET ADDRESS	e. IS RESIDENCE
		ON A FARM?
Prince Geo. Gen. Hosp. 3. NAME OF Middle	1228 55th. Ave.	YES NO
3. NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Yeer
(Type or print) Virginia S. M	Margelos DEATH 1-6-62	19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 last birthday) Months D	YEAR IF UNDER 24 HRS.
Female White WIDOWED TO DIVORCED	1-5-01 \(\(\varphi\) yrs.	
1De. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	The state of the s	ZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Housewife	Va.	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hugh Grimm	Jennie Adams	
	INFORMANT Address	
(Yes, no or unkown) (If yes give war or dates of service) None	deorge Margelos Same #2	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: POLITICAL	meting & Memole	A A .
IMMEDIATE CAUSE (e) 17 CM/C pn/mo	naty en conta	7/1
THE DUE TO	1 4 6 1	2/10011
Conditions, if eny, which (b) Congestive !	read Journe	Sycour
geve rise to immediate cause (a), stating the underlying DUE TO		:016.
ceusa lest. (c) Apples / Evanue	Caraho vanular observe	10 york.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
E Onemin		YES NO X
= 200. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, farm, 2Df. (City or town) (Cour	nty) (Stete)
nour a.m.	tory, street, office bldg., etc.)	
p.m. 19 at work 1 et work 2. 21. I certify that (I) (this hospital) attended the deceased from.	12_31_61 10 10 1_6_62 10	that (1) (we) last
saw the deceased alive on1-6-6219 and that	doub exerced at 8.010 PM the causes and on the	he date stated above
	death occured al	22b. DATE
22e. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
1 370	22d. ADDRESS	
22c. PHYSICIAN'S NAME (Type) R.D. BAYER M.D.	Prince Georges Gen. Hospital	Cherry, Wd
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Murial 10 Jan'62 Wash. Nat.	Cem. Suitland, M	ld.
24 PUDERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
Lee Auneral Home Starhens	CONC DATE JAN 11 '62 arthur 2	. Thank
the minimum serving		

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FOR STATE. HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please extended to the chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01047 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01038

1,	PLACE OF DEA	тн	The second second	2. USUAL RESIDEN	CE (Where de	caased lived, If	institution: Residen	ca before admission)
	PRINCE C		MARYLAND	* SMARYLAND		b. COUN	CHARLES	/
		(if outside corporate limits, and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo	rate limits, write	RURAL and give I	nearast town)
	CAMP SPE		4 HOURS	BELALTON	J		18 X.2	
		PITAL OR INSTITUTION (If not in hos	pital, give street eddress)	d. STREET ADDRESS			0000	. IS RESIDENCE
		SPITAL ANDREWS, AND		BOX #83				YES NO NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Year
	(Type or print)	MARY	HELEN	McCARTER	DEATH	JANUARY	19	19 62
5.	SEX	6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	DATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	FEMALE	NEGROLDD WIDOWE		14 FEB 1923		38 yrs.	Months Days	Hours Min.
10.	a. USUAL OCCUPA	ATION (Give kind of work working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Steta	or foreign cour	ntry)	12. CITIZEN O	F WHAT COUNTRY?
	HOUSEWI		om Estic	WASHINGTO	N D.C.		USA	
13.	FATHER'S NAME			14. MOTHER'S MAIDEN			1 000	
	JOHN L	THOMPSON		MARY SWAN	IN			
15.	. WAS DECEASED I	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NPORMANT	CO DEC	Address		
l.	NO	(If yas give war or datas of service) 5	77-24-9067 MRS	. MARY THOMPS	ON BOX	83 BELA	ALTON MAR	YLAND
	18. CAUSE OF	DEATH [Enter only one cause per l						ERVAL BETWEEN
	Conditions, if engave rise to imme	DUE TO SE	WERALIZET			YURT	PURA	SET AND DEATH
	(a), stating the	underlying						
Z	PART II. OTH	ER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE C	ONDITION GIV	EN IN PART I(a) 1	9. WAS AUTOPSY
E	En			p*				PERFORMED?
FIC	20a. EXTERNAL	CALLE WAS LOOP DESCRI	BE HOW INJURY OCCURED. (E	SR star nature of follows in Part	t as Dant II at I	An 10 1		ES X NO
CERTIFICATION		ONTRIBUTING 🗆	DE NOW INJOKE OCCORED. (E	ma nature of injury in Fair	TOT VALLE IN OF	tem ip.,		
MEDICAL	20c. TIME OF IN. Hour a.m.	. While		CE OF INJURY (Home, farm pry, street, office bidg., atc.)		or town)	(County)	(State)
	21. I certify	that I took charge of the rem	ains described above, he	d an Autopsy X.	Inspection	Inquir	y and	in my opinion
	death resulted	from: Natural causes	Accident , Suici	de , Homicide	Und	etermined m	anner 🗍	
		Λ		CHIEF MEDICAL E				
	ACTUAL	(/	13.	ASSISTANT MEDI	-		D	ATE SIGNED
	SIGNATURE	famer.	, song	M.D. DEPUTY MEDICAL	.90			an 62
	EXAMINER'S NAME (Type)	James I. Boyd		Address (Street, c	_	-4	~0 06	AM ON
228	BURIAL, CREMAT	fv) .	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATIO	ON (City, lown,	or country)	(State)
	BURIA		ST IGNAT	ius	BEL L	ILTON,	Md.	
23	FUNERAL DIRECT	OR /	ADDRESS		D BY REGISTRA		STRAR'S SIGNATU	RE
7	The HUNY	+ Funeral Hon	ne, WALDORF,	MD. DATEAN	3 0 '62	Civil	hun S. Phone	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY	1			2. USUAL RESIDEN	CE (Whare dacaesed livad, If	institution: Residence before admission)
Prince C	deorge's		MARYLAND			V
b. CITY OR TOWN (if outside corporata limits	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write	RURAL and giva nearast town)
	give neerast town)		20	Tile ob i a a	18	111112
Cheverly			12 days	wasning	ton, D. C.	41X 2
d. NAME OF HOSPIT	TAL OR INSTITUTION (if	not in hosp	ital, give straet eddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
	George's Gen	neral			o. Dakota Aveni	1e, N. E. YES NO
3. NAME OF DECEASED	First		Middla	Lasi	4. DATE Month	Day Yeer
(Typa or print)	Will	ຳ ລາກ	F.	McDonald		lary 19 19 62
5. SEX	T W will till the	P-010		. DATE OF, BIRTH	9. AGE (In years	V -
Male	White	WIDOWED		8-7-09	last birthday)	Months Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	10b. KIN	OF BUSINESS OR INDUSTR		nty & Stata, or foraign country)	12. CITIZEN OF WHAT COUNTRY?
dona during most of wo	gent gent	Ov	m:	Washingto		USA
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
John W. M	cDonald			Mary E. Ho	lmes	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES? 16. S	OCIAL SECURITY NO. 17. 1	NFORMANT	Addrass	
(Yes, no, or unkown) (I	fyas give war or dates of se	rvice)	Mr	s. Ethel P.	Holmes Same	as # 2.
	DEATH (Enter only one			D4 20101 1	normos bame	INTERVAL BETWEEN
		Causa per III	ia for (a), (b), end (c).)	10.		ONSET AND DEATH
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Libr	tomenal 1	Milling	nattata	3 mao.
1 / 50			- 0 11001 00 , 0	00.0.740		
	DUE TO	Ad.			rid colo	
Conditions, if any	(10)_	vac,	rocaranom	a Sigm	red colo	
geva rise to immedi	DILL TO					
(e), steting the u	nderlying					
	P SIGNIFICANT CONDITI	IONS CONT	PIRITING TO DEATH BUT NO	T DELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
O PARI II. OTHER	K SIGNIFICANT CONDITI	IONS COM	KIBOTING TO DEATH BOT NO	NELATED TO THE TERM	INAL DISEASE CONDITION GIV	PERFORMED?
3						YES NO
	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Part II of itam 18.)	
OR CONTRIBUTING	CAUSE OF DEATH					
	MEDICAL EXAMINER)					
		r 20d. IN	NJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, far	m, ; 20f. (City or town)	(County) (Stata)
		Whila	Not Whila fect	CE OF INJURY (Home, fer ory, street, office bldg., et		(County) (Stata)
3 20c. TIME OF INJU			Not Whila fect			(County) (State)
20c. TIME OF INJU Hour e.m. p.m.	JRY Month, Day, Yaar	Whila at work	Not Whila fect	ory, street, office bldg., et	c.)	
ZOc. TIME OF INJU Hour e.m. p.m.	IRY Month, Day, Yaai 19 hat (I) (this hospita	Whila at work	Not Whila feet at work deceased from	ory, street, office bldg., et	196/., to Jan. 1.9	(County) (State), 1962, that (I) (las
20c. TIME OF INJU Hour e.m. p.m.	IRY Month, Day, Yaai 19 hat (I) (this hospita	Whila at work	Not Whila feet at work deceased from	ory, street, office bldg., et	196/., to Jan 1. 9	and on the date stated above
20c. TIME OF INJU Hour e.m. p.m. 21. 1 certify t saw the decease	IRY Month, Day, Yaai 19 hat (I) (this hospita	Whila at work	Not While feel at work led the deceased from	death occured at	196/ to flan 1 9 196/ from the causes MED. STAFF	, 1962, that (I) (las
20c. TIME OF INJUMENT OF INJ	Mary Month, Day, Yaar 19 that (I) (this hospital sed alive on)	Whila at work	Not While feel at work feel the deceased from	death occured at2	196/., to Jan 1. 9	and on the date stated above
20c. TIME OF INJUMENT OF INJ	Mary Month, Day, Yaar 19 that (I) (this hospital sed alive on)	Whila at work	Not While feet at work feet	death occured at ATTENDING PHYS.	196/ to fan 9	and on the date stated above 22b. DATE SIGNED
20c. TIME OF INJUMENT OF INJ	Mary Month, Day, Yaar 19 that (I) (this hospital sed alive on)	Whila at work	Not While feet at work feet	death occured at ATTENDING PHYS.	196/ to fan 9	and on the date stated above 22b. DATE SIGNED
20c. TIME OF INJUMENT OF INJ	hat (I) (this hospits sed alive on). Harry N.	Whila at work al) attend n / 8 Out Carlto	Not While feet at work feet	death occured at 2. ATTENDING PHYS. 22d. ADDRESS 940. 25th	196/ to fan 9	and on the date stated above 22b. DATE SIGNED Jan 19, 1962 Washington, D. C.
20c. TIME OF INJUMENT OF INJ	Marry N. IRY Month, Day, Yaai 19 that (I) (this hospital sed alive on) Harry N. ION, 23b. DATE THERE	Whila at work al) attend n / 8 Carlto	ed the deceased from	death occured at 2. ATTENDING PHYS. 22d. ADDRESS 940. 25th	196/., to fan 9 196/., to fan 9 MED. STAFF PHYS. 1 Street, N. W. 1 23d. LOCATION (City, to)	and on the date stated above 22b. DATE SIGNED Washington (State)
20c. TIME OF INJUMENT OF INJ	hat (I) (this hospitalsed alive on) Harry N. Jan. 22.	Whila at work al) attend n / 8 Carlto	ed the deceased from	death occured at 2. ATTENDING PHYS. 22d. ADDRESS 940. 25th OR CREMATORY metery	196/., to fan 9 196/.,	and on the date stated above 22b. DATE SIGNED Washington, D. C. Washington, O. C. (State)
20c. TIME OF INJUMENT OF INJ	hat (I) (this hospitalsed alive on) Harry N. Jan. 22.	Whila at work al) attend n / 8 Carlto	ed the deceased from	death occured at ATTENDING PHYS. 22d. ADDRESS 940.25th OR CREMATORY metery 2Ss. RE	196/., to fan 9 MED. STAFF DIRECTOR PHYS. D 1 Street, N. W. 23d. LOCATION (City, to Suitland, Ma	and on the date stated above 22b. DATE 22b. DATE SIGNED (SIGNED (State) Tyland GISTRAR'S SIGNATURE
20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Tuge) 3e. BURIAL, CREMATI BEMOVAL (Specify) BURIAL (Specify)	hat (I) (this hospitalsed alive on) Harry N. Jan. 22.	Whila at work al) attend n / 8 Carlto	ed the deceased from	death occured at 2. ATTENDING PHYS. 22d. ADDRESS 940. 25th OR CREMATORY metery	196/., to fan 9 MED. STAFF DIRECTOR PHYS. 1 Street, N. W. 23d. LOCATION (City, to Suitland, Ma	and on the date stated above 22b. DATE 22b. DATE SIGNE

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FOR STATE HEALTH DEPT

director. Page r your files. Board of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please extended within 24 hours after death, If any delay a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03040

٠	1. PLACE OF DEATH 6. COUNTY		2. USUAL RESIDEN	CE (Where deceased lived, if Institution:	Residence before admission)
	Prince George's	MARYLAND	o. STATE	Winding b. COUNTY Ro	leigh V
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL en	
1	Lanham	1 day	Beckley	7	5 X 3
1	d. NAME OF HOSPITAL OR INSTITUTION (if not In hos		d. STREET ADDRESS		. IS RESIDENCE
	9207 6th Street		106 Res	servation Avenue	YES NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
	(Type or print) Thomas	Andrew	McGuire	DEATH January	26 19 62
1	5. SEX 6. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	DATE OF BIRTH	9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS.
	Male White widowe	D DIVORCED		1900 61 yrs. Months	Deys Hours Min.
1	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stele	or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
	Salesman	Minning	West Vi	rginia	U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		
	William McGuire	first sea	UNKNOU	IN - ELILABETH 1	YAY
	IVan an an analysis of the section was a factor of the section of		NFORMANT	Address	
	No 2	34-10-8919 T	havard And	lrew McGuire, sar	me as # 1
	18. CAUSE OF DEATH [Enter only one cause per li	ine for (e), (b), end (c).]			INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Coronary occ	lussion		ONSET AND DEATH
1	The DUE TO				
1	Conditions, if eny, which (b)	Coronary ar	tery dises	age	
1	geve rise to immediate cause (e), stating the underlying DUE TO	J			
	cause lest. (c)				
7		TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY
					PERFORMED?
1	200. EXTERNAL CAUSE WAS 20b. DESCRI	BE HOW INJURY OCCURED. (E	nter nature of injury in Day	d L or Dard II of Stars 10 1	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	BE HOW MOOK! OCCURED. (E	met neithe of tulary in tel	t to rett ii of hem to.;	
1	20c. TIME OF INJURY Month, Dey, Year 20d. I		CE OF INJURY (Home, fern		unty) (Stete)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. While P.m. 19	1401 1711110 pane	ory, street, office bldg., etc.	2)	
1	21. I certify that I took charge of the rem	ains described above, he	d an Autopsy ,	Inspection Inquiry I	and in my opinion
	death resulted from: Natural causes	Accident , Suici	de , Homicide	Undetermined manner	
	1		CHIEF MEDICAL I	EXAMINER [
1	ACTUAL	(5-1)	ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
1	SIGNATURE S	1	M.D. DEPUTY MEDICAL		ry 26,1962
	NAME (Type) James I. Bo	yd		city, town, or county)	
		22c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or country	(Stete)
	Burial Jan 29, 1962	Sunset Mamor	ed tark	Deckley, Wal	ungmia
	23. FUNERAL DIRECTOR CONTROLLERS COL	MODRESS /	On 1 240. REC	'D BY REGISTRAR 246. REGISTRAR'S S	IGNATURE
	VV. VV. CHATTOOKS (DE	, Twerdale	MING! DATE JA	N 31 '62 Cathy 8	45
-			,	Thomas and A	· inaus

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01050 funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Prince Go rge Maryland MARVIAND PRINCE Georges by if c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Takoma Park, Maryland RIVERDALE mo. e. IS RESIDENCE d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Leland mem. Hospital 7106 Pouplar Avenue YES NO TE 4408 2 ucensbury R.L. Biverdale, Wal. Day 3. NAME OF 4. DATE Month Year complet DECEASED hewis DEATH 1962 (Type or print) WAYne Manadaws carbon tt, within 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months MARIE WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A None NONE 13. FATHER'S NAME 14. MOTHER'S MAINEN NAME Wayne hewis Mendous Amy CIANK 0 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO aftending has been Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)) 19. WAS AUTOPSY certificate PERFORMED? NO F CERTIFICA 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pett I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) 20c. TIME OF INJURY Month, Dey, Year sfactory, street, office bldg., atc.) peu While Not While Hour a.m. at work et work Ö 21. | certify that (I) (this hospital) attended the deceased from ... saw the deceased alive on.... 22b. DATE 22a. SIGNATURE ATTENDING MED SIGNED STAFF PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) FUNE 23d. LOCATION (City, town or county) (Stete) 23a, BURIAL, CREMATION, | 23b 23c NAME OF CEMETERY OR CREMATORY ÷ \$ Burial (Specify) 5 Baldensburg, Md Evergreen 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Hyattsville, Maryland DATE JAN 1 8 '62 15M 7/61 Francis Gasch's Sons Corner & Thous

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ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

01042

1. PLACE OF DEATH o. COUNTY Prince: George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Pr. Geo's Co.
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) Suitland 2 Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Hyattsville, Maryland
d. NAME OF HOSPITAL (If nat in hospital, give street address) OF INSTITUTION Nursing Home	/ d. STREET ADDRESS 7409 - Taylor Street e. IS RESIDENCE ON A FARM? YES □ NO ■
3. NAME OF DECEASED (Type or print) INA LEE	MEREDITH 4. DATE Manth Day Year OF DEATH AV 86- 1967
S. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED 1 DIVORCED	B. DATE OF BIRTH July 14 - 1887 9. AGF (In years life UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during most of working life, even if retired) Domestic:	Virginia USA
13. FATHER'S NAME L. A. Rice:	14. MOTHER'S MAIDEN NAME Catherine M. Mitchell
(Yes, no, or unknown) Iff yes, give war or dates of service)	Zenith M. Mitchell Same as # 2.
3 MADETENENTATION &	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ED. (Enter nature of injury in Port I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octary, street, affice bldg., etc.)
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an	death occurred at 32. M, from the causes and an the date stated above. ATTENDING MED. STAFF PHYS. 226. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) 29-62 Cidar / 24. FUNIERAL DIRECTOR'S SIGNATURE ADDRESS PASS 1661-9/1452	OR CREMATORY 23d. LOPATION (City, town, or county) (Stote) 25d. REC'D BY REGISTRAR DATE JAN 3 0 '62 ORTHOGOGRAPH STORMS AND A STORMS ORTHOGOGRAPH CALLED AND A STORMS ORTHOGOGRAPH AND A STORMS ORTHOGOGRAPH CALLED AND A STORMS ORTHOG
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death. Perform may be retained by the hospital or attending physician.

TO FUNEY DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The should be detached for use as the burial-transit permit. Then please remove carbon papers. The should be detached for use as the burial-transit permit. Then please remove carbon papers. The should be detached for use as the burial-transit permit. Then please remove carbon papers. The should be detached for use as the burial-transit permit. Then please remove carbon papers. The should be detached for use as the burial transit permit. Then please remove carbon papers.

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M)	1. PLACE OF DEATH o. COUNTY
720	Prince Georges
E 6	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)
200	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp
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papers. In 72 hours	Prince Georges General Ho
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in the	5. SEX 6. COLOR OR RACE 7. MARRIED

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ICAL RESEARC	H AND RECOR	OS, 301 W. PRES	TON STREET,	BALTIMORE 1,	MARYLAND
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1. PLACE OF DEATH	1		2. USUAL RESIDEN	CE (Where dece			ce before e	dmission)
e. COUNTY	oo Goowgon	BEN DAL MAID	e. STATE	rl and	b. COUN	Prince 0	anna	e
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (te limits, write			
	give neerest town)	71,	100 000	777	and a			
Cheve	TAL OR INSTITUTION (if not in hos	14 hrs	d. STREET ADDRESS	Please	nt		l e. IS RE	SIDENCE
d. NAME OF HOSFI	TAL OR INSTITUTION (IT not in not	spiret, give street eddress)	d. SIREET ADDRESS					FARM?
Prince Ge	orges General Ho	ospi t.al	6410	Greigg	Street	t	YES	NO 🗌
3. NAME OF	eorges General He	Middle	Last	4. DATE	Month		Year	
DECEASED (Type or print)		0. 4	264.77	OF DEATH	T	07	19	60
5. SEX	6. COLOR OR RACE MARRIE	Girl	Miller DATE OF BIRTH	10	Jan Jan	IF UNDER 1 YEAR		V 60
0. 52/	/ . MONNIE	THE VER MARKED	. DAIL OF BIRIT	i	ast birthdey)	Months Deys	Hours	Min.
Female	White WIDOWE	D DIVORCED	20 Jan 1962		yrs.		11	
10a. USUAL OCCUPAT	ION (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	ity & State, or for	eign country)	12. CITIZEN C	OF WHAT C	OUNTRY?
cone during most of we	nking the, even it felifed;		367			TT C A		
13. FATHER'S NAME			Marylar	NAME		U.S.A.		
			The first of the death					
Ear	cle Miller. Jr.		Merle	Bricke	V			
	ER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT		Address			
(105, 110, OF BIROWII)	Tyesgive wer of detes of service)		Mother Sa	ame as a	horra			
I 18. CAUSE OF I	EATH (Enter only one cause per	line for (a), (b), end (c),1	110 dilo1 De	alle do di	DOVE	LIN	TERVAL BET	WEEN
	H WAS CAUSED BY:		-			O	NSET AND	EATH
	IMMEDIATE CAUSE (e)	Frema	un				101	7
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Z PART II. OTHE	R SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(e)	19. WAS A PERFO	
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PART II. OTHER	AS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURED	. (Enter neture of Injury in	Pert I or Pert II o	f item 18.)	1		
OR CONTRIBUTING	CAUSE OF DEATH							
	MEDICAL EXAMINER)							
Hour e.m.			CE OF INJURY (Home, ferr ory, street, office bldg., etc	n, 20f. (City o	r town)	(County)	1	(Stete)
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P.1111	17		7.00	160	7 27	1262	1 (1) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	that (I) (this hospital) atten							
saw the deceas	sed alive on1-21	1962, and that	death occured at 4.	LO, Adam 1	he causes	and on the d	late stated	above.
22e. SIGNATURE			/	*			22b.	DATE
	ails (Serv "		MED.	STAFF PHYS.			SIGNED
22c. PHYSICIAN'S	CC C OV I		22d. ADDRESS					
NAME (Type	D							
	Dr. Carlos C. Se		6110 - 431	d Avenu	e, Hyat	tsville,	Md.	
23e. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCAT	ION (City, to	wn or county)	(St	ete)
Cremation	2-2-62	PrincekGeo. Ge	n. Hospital	Cheve	rlv. M	aryland		
24 FUNERAL DIRECTOR		ADDRESS				GISTRAR'S SIGNA	TURE	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 01053 CERTIFICATE OF DEATH \mathcal{L} 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND KENTUCKY PERRY PRINCE GEORGES * c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) HAZARD ANDREWS AIR FORCE BASE e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO US AIR FORCE HOSPITAL HIGHLAND AVENUE 2 4. DATE NAME OF First Middle Lost Month Day Year BILLY JOE MILLER JR DEATH 1962 JANUARY 10 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K B. DATE OF BIRTH campletely lost birthdoy) Months Doys Hours Min. MALE CAUCASIAN WIDOWED DIVORCED [5 OCTOBER 1960 papers. of. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) UNITED STATES KENTUCKY NONE NONE and pan 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician ğ event, within GERMANY BILLY JOE MILLER SR LILLIAN BROWN remave 17. INFORMANT Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO Unknown) NONE MOTHER (MRS LILLIAN MILLER) SAME AS ITEM #2 attending please INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ROM ONSET AND DEATH PART I. DEATH WAS CAUSED BY: monte IMMEDIATE CAUSE (o) and 14 DUE TO ы remaval, permit. Conditions, if ony, which ENROUT gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit ar PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? crematian, YES NO KX ARRIVAL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED (County) Doy, Yeor foctory, street, office bldg., etc.) Hour o. m. While Not while 0 ot work at work NO priar 1961, to 10 JAN 21. I certify that (I) (this haspital) attended the deceased from 19 Jan 196 2-that (1) (440) last detached M, fram the causes and an the date stated above. saw the deceased alive an 10 JAN 19 62- and that death accurred at ___ ECTOR: 22o. SIGNATUA SIGNED by ATTENDING af 10 JAN 62 9e M.D. PHYS. DIRECTOR . PHYS. PATIENT Board 22c PHYSICIAN'S 22d. ADDRESS NAME (Type GERMANY SANFORD H. ANZEL, Capt USAF MC page 3 sh the State 23d.I LOCATION (City, towg, or county) 23a. ANRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) PEMOVAL (Specify) J AW UARY 196 0 25b. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after w	1	Ineral	or, the 3 should be defached for use as the burial-transit permit. Then please tempore carbon papers, yes 1 and 2 should	ad with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
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	DIVISION OF STATISTICAL RESE		E OF DEAT	H	, BALTIMO	RE 1, MAR	1045	
1.	PLACE OF DEATH		2. USUAL RESIDEN				e before admiss	ion
	Pr. Geo. County	MARYLAND	a. STATE Marv]	Land	b. COUNT	Geo. C	ountv	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		ate limits, writa l	RURAL and give	neerest town)	
	Riverdale	7 days	65 Mt. Rs	ainier				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos Eugene Leland Memorial		d. STREET ADDRESS		d. Rive	rdale Md	ON A FAR	
3.	NAME OF DECEASED (Type or print) William	Middle	ller	4. DATE OF DEATH	Januar;	Day	Year 62	
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9.		F UNDER 1 YEAR		
	Male White WIDOWE		12-22-99	62	(ast birthday) 7	Months Days	Hours Mir	n.
10 de	e. USUAL OCCUPATION (Give kind of work page during most of working life, even if retired) Machinist	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & Stete, or fo	reign country)		States	TRY
13	. FATHER'S NAME		14. MOTHER'S MAIDEN					
	John C. Miller		Minnier Sp	prosser				
15 (Y		SOCIAL SECURITY NO. 17. IN	FORMANT		Address			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), slahing the underlying cause last. DUE TO (b) DUE TO (c)	netrovos ntenioso	leroses	acci	dent		SET AND DEATH	
ATION	PART II OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMI	INAL DISEASE C	ONDITION GIVE		PERFORMED	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Part I or Part II o	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Whike P.m. 19 8t wor	Not Whila factor	E OF INJURY (Homa, fare y, street, office bldg., atc		or town)	(County)	(State))
	21. I certify that (I) (this hospital) attended saw the deceased alive on	ded the deceased from				, 19, t nd on the da		
	22e. PHYSICIAN'S	e M.D	ATTENDING	MED. DIRECTOR	STAFF PHYS.		22b. DAT	TE.
	NAME (Type)		lilio8 Que	ensbury	Rd. Riv	erdale,	Md.	
23 E	Donald R. Purdie M.D. a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1-8-62	23c. NAME OF CEMETERY OF Arlington Na	R CREMATORY	23d. LOCAT	Mver.		(State)	
_	EUNERAL DIRECTOR'S SIGNATURE LOS SUMBRICK HOME 30	O-HUST. NE D	Jush 25a. RE		AR 25b. REGI	STRAR'S SIGNA		

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FOR STATE HEALTH DEPT. director. Page or your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delease exercited the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundational should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 permatter death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
ı	Prince George's MARYLAND	a. STATE Maryland Prince George!
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Л	District Heights	3 District Heights
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddrass)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	7804 Atwood Street	7804 Atwood Street
П	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
-	(Typa or print) William Howard	Mock January 11, 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years III UNDER 1 TEAK IF UNDER 24 HKS.
)	Male White WIDOWED DIVORCED	October 1,1918 43 yrs. Months Days Hours Min.
		RY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Master Sargent U.S. Airforce	Pennsylvania U.S.A.
	Walter Mock	Viola Wingate
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Yes, no, or unkown) (Itxesgive war or dalas of servica) None K	atherine M. Mock, same as # 2
	PART I. DEATH WAS CAUSED BY: MANUAL PROPERTY PROPERTY	and Myocarditis
	DUE TO Conditions, if eny, which (b)	
	geve risa to immediate ceuse	
	(a), steting the underlying cause lest.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
10	AT AT AT AT A T AT A T AT A T AT A T AT A	YES X 130 13
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURED. 201. EXTERNAL CAUSE WAS CONTRIBUTING COURSE OF DEATH.	Enter neture of injury In Pert I or Pert II of item 1B.)
		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. P.m. 19 20c. HAUR OCCURRED 20-F- While Not While et work et work	tory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, h	eld an Autopsy 💢 . Inspection 🕱 . Inquiry 🔀 , and in my opinion
	death resulted from: Natural causes X, Accident , Sui	cide, Homicide, Undetermined manner
		CHIEF MEDICAL EXAMINER
	SIGNATURE SIGNATURE D. Boysl	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 🛣 1/11/62
	NAME (Type) James I Boyd, M.D. 22e. BURIAL, CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETER X	Address (Street, city, town, or county) RECREMATORY 22d. LOCATION (City, town, or country) (Sfete)
	V WOLANDOWN AND THE	
	Jan 1967 Artington N	ational and Arithmetion of the
1	Burial Jan. 1960 Arlington N 23. FUNERAL DIRECTOR ADDRESS	ational any Arlington F Virginiand

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01056 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE 24 hours Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give nearast town) à 44 Colmar Manor 2 Hrs. 20 Min .5 Cheverly within d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 3402 43rd Avenue Prince Gaorge's General Hospital YES NO X completely papers. executed 4. DATE Month Day Year 3. NAME OF DECEASED DEATH (Typa or print) Moore 1962 Boy January 21 Baby withi carbon B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED certificate be and last birthday) Months WIDOWED 20 DIVORCED Male White event, physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, even if retired) Prince George's. Md. U.S.A. 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME please attending Carol Jo Wootten Moore, James Joseph Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) ! (If yes give war or dates of service) Mother Same as above the INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause par line for (e), (b), and (c).] ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) certificate has been signe r use as the burial-transit DUE TO aftending Conditions, if any, which gava rise to immediate cause DUF TO (a), stating the underlying the ō PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? as NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ' 20f. (City or town) (County) (Stata) þ 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not Whila While MEDI Hour a.m. at work at work DIRECTOR: 3 should be del 19 62 ., and that death occured at. 3. The from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Milos A. Jansa 7403 Varhum Street, Landover Hills, Md. death. Pag rector, 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 5 3 Prince Geo. Gen. Hospital Cheverly. Md. Cremation 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS FUNDENAL DIRECTOR'S SIGNATURE VR A15 (4) FER 6 Circhan S. France 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01057 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) ξ (if not in hospitel, give street address) completely, papers. 3. NAME OF DATE DECEASED OF 29 (Type or print) DEATH carbon 9. AGE (In yeers | IF UNDER 1 YEAR) SEX 7. MARRIED NEVER MARRIED and lest birthdey) Months Deys WIDOWED L DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work гетоме 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) vusewe 13. FATHER'S NAME attending INFORMANT (Yes, no, or Akown) (Ifyes give weror sesof service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating tha underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) (IF EITHER NOTE) 20c. TIME OF INDURY Month, Day, Yeer 20d. INJURY-OCCURRED I 20e. PLACE-OS INJURY (Homa, ferm, (County) tactory street, office bldg., etc.) 21. I certify that (I) (this hespital) attended the deceased from... In the causes and on the date stated above. and that death occured at saw the deceased alive on...... 22e. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REC D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

. IS RESIDENCE

IF UNDER 24 HRS.

Hours

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PERFORMED? NO

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DATE

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FOR STATE TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exists the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funding director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. 99 VS. AISME

SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01058 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare dacaased livad, If institution: Residence before admission)			
Prince George's MARYLAND	Maryland Prince George's			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest rown) c. LENGTH OF STAY IN 18				
Cheverly D.O.A.	46 Brentwood			
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	a. STREET ADDRESS . IS RESIDENCE			
	ON A FARM?			
Prince George's General Hospital	3410 Windom Road YES NO X			
DECEASED Middle	OF			
(Type or print) Ann Mae	Morrison DEATH January 15, 19 62			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
	March 21, 1915 lest birthday) Months Days Hours Min.			
Lemare , Million .	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
dona during most of working lifa, even if ratirad)				
Housewife At Home	Virginia U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Richards Matthews Miller	Mattie Eanes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) (Ifyasgivawarordatasofservica)	INFORMANT Address			
	N 3 3 111 3 3 4 November Comp 40			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Malcolm William Morrison Same as #2			
DART I DEATH WAS CALISED BY	ONSET AND DEATH			
IMMEDIATE CAUSE (a) Asphyx:	La			
DUE TO				
	carbon monoxide poisoning			
gave rise to immediate cause (a), stating the underlying DUE TO				
causa last, (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED? YES NO X			
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of itam 18.)			
PRIMARY Gror CONTRIBUTING CAUSE OF DEATH.				
1 1000 1000 0117 1	ling subjected to motor exhausts [ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State)			
<u> </u>	LACE OPINIURY (Home, form, close) 201. (City or lown) (County) (State) Composition, street, office bldg., atc.) Brentwood P. G. Md.			
6:00 km 1/15 1962 Whila Not Whiles H	Ome Dichewood 1. d			
21. I certify that I took charge of the remains described above,	held an Autopsy , Inspection , Inquiry , and in my opinion			
death resulted from: Natural causes , Accident , Su	icide , Homicide , Undetermined manner			
A = = = = = = = = = = = = = = = = = = =	CHIEF MEDICAL EXAMINER			
SIGNATURE Harrier D. Bond	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED			
SIGNATURE	DEDITY MEDICAL PARAMINED TO			
JAMES I. BOYD, M.D.	Address (Streat, city, town, or county)			
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY				
Burial Jan 18, 1962 Ft Lincoln C	emetery Colmar Manor, Maryland.			
23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			
F. Gasch's Sons Hyattsville, Maryla	ind. DATE JAN 1 8 '62 wing & Time			
	I DVIC			

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death. Page 4 may be retained by the hospital or attending physician.

TO FUNITY. DIRECTOR: After this certificate has been signed by the attending physician and completely that in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after

> VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01059 CERTIFICATE OF DEATH

Prince George MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Riverdale, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Eugene Leland Memorial 3. NAME OF DECEASED (Type or print) Hare Herold I. Ira Moses MARYLAND Maryland Pr. Geo. Co. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hyattsville d. STREET ADDRESS 5101 Crittenden St. Pr. Geo. Co. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hyattsville d. STREET ADDRESS First Month Day Yesr OF DEATH Month Day Yeer OF DEATH 1 19 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male Whole Whowed Divorced 2-21-11	1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
C. CITY OR TOWN III countied exeponents limits, write RURAL and give nearest lown) Riverdal ed, Md. Mank of the Nostital or National William Middle	ı		a. STATE . b. COUNTY Margrand . Pr. Goo. Co.								
Eugene Leland Memorial S. NAME OF BOSTIAL OR NSTITUTION (if not in hospital, give street address) S. NAME OF BITTS NOTE: S. NAME OF BITTS NOTE: S. NAME OF BITTS NOTE: S. SEX S. COLOR OR RACE [7, MARRIED] NOSES S. SEX S. COLOR OR RACE [7, MARRIED] NOSES NOTE: NOSES S. SEX S. COLOR OR RACE [7, MARRIED] NOSES S. SEX NOTE: NOSES NOTE: NOSES NOTE: NOSES S. SEX NOTE: NOSES NOSES S. SEX NOTE: NOSES NOTE: NOSES NOSES S. SEX NOTE: NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. SEX NOTE: NOSES NOSES S. SEX NOTE: NOSES NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. SEX NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. SEX NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. DATE OR BITTH NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. DATE OR BITTH NOSES S. DATE		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b									
Eugene Leland Memorial S. NAME OF BOSTIAL OR NSTITUTION (if not in hospital, give street address) S. NAME OF BITTS NOTE: S. NAME OF BITTS NOTE: S. NAME OF BITTS NOTE: S. SEX S. COLOR OR RACE [7, MARRIED] NOSES S. SEX S. COLOR OR RACE [7, MARRIED] NOSES NOTE: NOSES S. SEX S. COLOR OR RACE [7, MARRIED] NOSES S. SEX NOTE: NOSES NOTE: NOSES NOTE: NOSES S. SEX NOTE: NOSES NOSES S. SEX NOTE: NOSES NOTE: NOSES NOSES S. SEX NOTE: NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. SEX NOTE: NOSES NOSES S. SEX NOTE: NOSES NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. SEX NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. SEX NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. DATE OR BITTH NOSES NOSES S. COLOR OR RACE [7, MARRIED] NOSES S. DATE OR BITTH NOSES S. DATE		Riverdale, Md. 16 days	Hvattsville 63								
Eugene Leland Memorial Stort	1		d, STREET ADDRESS / e. IS RESIDENCE								
DECEASED (Type or print) Har Herold I. Ira Moses DEATH 19 62	10										
S. SEX Male Mitter MARRIED NET MARRIED NARRIED MARRIED MAR			Last 4. DATE Month Day Yeer								
Male Maile White Widoweld Divorced 2-21-11 50 with Months Devy Hours Mine Mine		(Type or print) Haro Herold I. Ira Moses	DEATH 1 19 62								
Male Wilte Widowsto Divorced 2-21-11 50 yrs. Month Mon		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X B.									
School Penn. U.S.A.	7	11001100	2-21-11 50 yrs.								
teacher School Penn. U.S.A. 13. FATHER'S NAME GEOTIZE W. MOSES 14. MOTHER'S MAIDEN NAME Catherine Ann Rich Catherine And Rich Catherine Ann Rich Catherine And Rich Catherine And Rich Catherine And Rich Catherine Ann Rich Catherine And Rich	4	10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retind)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
13. FATHER'S NAME GOOTED W. MOSES 14. MOTHER'S MAIDEN NAME Catherine Ann Rich Catherine Ann Rich Address Hospital Records as above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate ause [e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.[e] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.[e] 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. TIME OF INJURY Month, Dey, Year While Not While Show in Work of the Wore			Penn. U.S.A.								
15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORds as above 18. GAUSE OF DEATH [Enter only one cause per line for (e), (b), end (e), 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (e), 19. PART II. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) 19. WAS AUTOPSY 19. WAS AUTOP	1	13. FATHER'S NAME									
Hospital Records as above		George W. Moses	Catherine Ann Rich								
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),	1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address								
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTION CONTRIBUTION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTION CONTRIBUTION COURTED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED (Enter neture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY MONTH INJURY OCCURED (Enter neture of injury in Part I or Part II of item		Unk. H	ospital Records as above								
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21. I certify that (I) (this hospital) attended the deceased from	ì										
21. I certify that (I) (this hospital) attended the deceased from		20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA									
21. I certify that (I) (this hospital) attended the deceased from 29, 196, to 49, to 49, that (I) (we) lass saw the deceased alive on 196, and that death occured at 25, to 49, from the causes and on the date stated above 22e. SIGNATURE ATTENDING MED. STAFF PHYS. 22c. PHYS. DIRECTOR PHYS. 22d. ADDRESS 1408 Que ensoury Rd. Riverdale, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF PROSPECT CEMEATORY 23d. LOCATION (City, town or county) 23d. LOCATION (City, town or county) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25b. REGISTRAR'S SIGNATURE		Hour e.m. While Not While	t t								
saw the deceased alive on			12-19 1961 to 1-4 1957 that (1) (we) last								
226. SIGNATURE ATTENDING MED. STAFF SIGNED 226. PHYSICIAN'S NAME (Type) Donald R. Purdie M.D. 236. NAME OF W.C. PREMATORY PHYS. DIRECTOR PHYS. D 226. ADDRESS 4408 Queens bury Rd. Riverdale, M.d. 236. BURIAL, CREMATION, 23b. DATE THEREOF PROSPECT Cemetery Strouds burg. 236. Page 1962 Prospect Cemetery Strouds burg. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. ADDRESS. 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED 227. ADDRESS ADDRES											
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22c. PHYSICIAN'S NAME (Type) Donald R. Purdie M.D. 23d. ADDRESS 14108 Queensbury Rd. Riverdale, Md. 23d. Docation (City, town or county) REMOVALS (Specify) Purial (Specify) Purial Director's Signature ADDRESS. ADDRESS. 22d. ADDRESS 14108 Queensbury Rd. Riverdale, Md. 23d. IOCATION (City, town or county) Paral Director's Signature ADDRESS. 255 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		A P P									
Donald R. Purdie M.D. 230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial (Specify) Jan. 8, 1962 Prospect/ Cemetery Stroudsburg. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. ADDRESS. ADDRESS. ADDRESS. ADDRESS.	1	10000	M.D.								
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CHICA TREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Jan. 8, 1962 Prospect/ Cemetery Stroudsburg. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. ADDRESS. ADDRESS. ADDRESS.			4408 Queensbury Rd. Riverdale. M d.								
BUTIZIO JZN. 8,1962 Prospect/ Cemetery Stroudsburg. PZ. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. ADDRESS. ADDRESS. ADDRESS. ADDRESS.		DONALO R. PUPOLO M. D.									
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 256 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE		REMOVAIS (Specify)									
		The state of the s									
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HEALTH DEPT fealth, director. Page is necessary, files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please expected within 24 hours after death. If any delay a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State 60 or its designated agent, prior to burial, cremation, or removal, end in any event within 72 hours, and the control of the co

> VS. A1SME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OLOGO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. STATE b. COUNTY
	Prince George's MARYLAND	Maryland Prince George!
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	63 Hatsswille
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
7	G. MARIE OF HOSTITAL OK INSTITUTION (III NOT III HOSPITAL) 31.0 3.100.	4508 Buchanan Street YES NO T
	Prince George's General Hospit	al 4508 Buchanan Street YES NO X
=	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) Raymond Cassius My	ers January 6 19 62
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Apollos Days Hours Min.
	Male White WIDOWED DIVORCED	October 22,1894 67 yrs.
1	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Clerk Retired	Virginia U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Arthur Clinton Myers	Annie Goodhart
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
9	(Yes, no, or unkown) (Ifyesgivewerordelesofservice) Yes WW 1 None M	atilda Myers, same as # 2
4	1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary oc	ONSET AND DEATH
	IMMEDIATE CAUSE (6) UDPUNSTY DC	CLUSSION
1	DUE TO	
		tery disease
1	geve rise to immediate cause (a), stating the underlying DUE TO	
	cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
1		YES NO I
1	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m.	lory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	ald an Autopsy . Inspection . Inquiry and in my opinion
	death resulted from: Natural causes X. Accident . Suic	
П		CHIEF MEDICAL EXAMINER
	SIGNATURE James J. V.	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
-	EXAMINER'S	DEPUTY MEDICAL EXAMINER x January 6,1962
	NAME (Type) Jemes T. Boyd	Address (Street, city, town, or county)
	BEMOVAI (Specify)	
	Burial Jan 8, 1962 Ft Lincoln C	
1	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	Gasch's Sons Hyattsville Md	DATE JAN 9 '62 Orthur S. Khans
1		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

> TO FUNER DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01052

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)							
۱	e. COUNTY Prince Georges MARYLAND	*. STATE Maryland b. COUNTY Prince Georges							
	b. CITY OR TOWN (if outside corporate limits, writa RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)							
_	Cheverly 2007 1 day	05 Mitchellville							
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE							
'	Prince Georges General Hospital	Central Ave. ON A FARM?							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF							
	(Towns and total and the contract of the contr	cholson Sr. DEATH Jan 16 1962							
	5. SEX 6. COLOR OR RACE 7. MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS,							
	Male White WIDOWED DIVORCED	Oct. 30, 1873 88 yrs. 1873 1875							
	1De. USUAL OCCUPATION (Give kind of work deme design most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	drouged whighther is gired Own Store & HoneGen. Merchandise Farm	Maryland U. S. A.							
	13. FATHER'S NAME Merchant	14. MOTHER'S MAIDEN NAME							
1	Nicholas Reverdy Nicholson	Annie Maria Tydings							
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address Mitchellville,							
	(Yes, no, or unkown) (Ifyesgivewerordatesofservice) Ma:	ry Elizabeth Nicholson- Maryland.							
	18. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), end (c).)	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Communication of the co								
	16								
	Condition is a DUE TO								
59	Conditions, if eny, which gove rise to immediate cause								
	(e), stating the underlying DUE TO								
ч	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A								
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART								
	5 / Eural effusion	YES NO •							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH III FIFTHER, NOTIFY MEDICAL EXAMINER). (Enter netura of injury in Pert I or Pert II of item 18.)							
		CE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (State)							
	Hour e.m. While Not While	ory, street, office bldg., etc.)							
		11.5							
	21. I certify that (I) (this hospital) attended the deceased from								
		death occured 6,2.5.MAN from the causes and on the date stated above.							
	220. STONAFORE	ATTENDING MED. STAFF 22b. DATE SIGNED							
		D. PHYS. DIRECTOR PHYS.							
1	22. PHYSICIAN'S NAME (Type)	22d. ADDRESS							
1	Dr. A. Clark Holmes	4108 Pratt Street, Upper Marlboro, Md.							
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY								
	Burial 1/18/62 Mt. Oak Cem	etery Mitchellville, Md.							
	24 FUNERAL DIRECTOR'S SIGNATURE TADDRESS	250. REC'D BY-REGISTRAR 256. REGISTRAR'S SIGNATURE							
7.	Ritchie Bros. Fun'l Home-Marlboro,	Md. DATE JAN 25 62 Chilling S. Flishe							

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IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TO FUNK

DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral

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1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission
71	e. COUNTY	a. STATE b. COUNTY
	Frince Geo. MARYLAND	Mo. Prince 600,
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Riverdale md. 14 days.	63 Nyatsville
6	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM
	Eugene Leland Memorial	4802-48 RECC. YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(Type or print) Frank	10/10/te DEATH / 7 1962
		B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.
	male W WIDOWED DIVORCED	1-10-1900 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Chex	Wa
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1) looke	71.6
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
/	(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Record Office 4408 Queensbury
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	BART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)	Inforce
	T-20 DUE TO	
	Conditions, if any, which (b)	
	(e), stating the underlying DUE TO	
A	cause last. (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPS PERFORMED?
	CAT	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH III FIFTHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Pert I or Pert II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	at week at week	ctory, street, office bldg., etc.)
		12-24- 1241 1 2 12/2 10/2
		12-2 that (I) (we)
		at death occured at J.M., from the causes and on the date stated above
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
		M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Bana 1-10-62 m Olum	Cometery Washington P.C.

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01063 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY a STATE b. COUNTY by the Prince George's MARYLAND Maryl and Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Cheverly 2 days Seat Pleasant .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 6600 Greig YES NO Street completely 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH January 8 19 Owens 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) and Male WIDOWED DIVORCED January 6, 1962 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MALBEN NAME ding John F. Owens, Sr. Patricia Marie Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service Mother 18. CAUSE OF DEATH [Enter only one cause per line for ta), (b), and (c), ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate PERFORMED? as NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (County) (Stete) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 1/6/..., 19.62 to 19.63., that (I) (we) last 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. TY PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Varnum Street, Landover Hills, Md. death. Pa Milos A. Jansa ector, 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Prince George's General Cheverly, Maryland OI Cremation 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) JAN 2 4 '62 Ciriling & Trans 15M 9/60

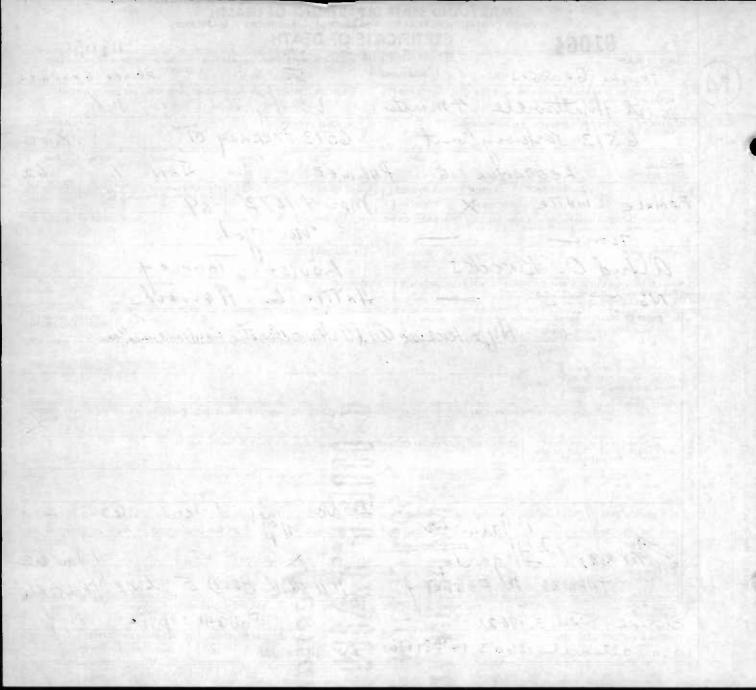
MARYLAND STATE DEPARTMENT OF HEALTH

Telegram por elli habitational Serious = sampel months June 12 Line Com. HEROTE SELECT MATERIAL . . Put ablist don Duscon Cant variety Langers wille, Mr. Myssissinium, Com. . Traise

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE T, MARYLAND

_/ 8	1064	CERTIFICA	LIE OF DEATH		01055	
PLACE OF DEATH	0	Item 8 Fi	1. USUAL RESIDENCE W	Here deceased lived. If institut		ian)
TRINGE	Ceorges .	MARYLAND	一 天	MP.	PRINCE Geor	-
b. CITY OR TOWN (If RURAL and give ne	aptside carporate limits, write arest tawn) fyallsville	c. LENGTH OF STAY IN 16	50 W- H	butside carporate limits, write to	RURAL and give negrest town)
d. NAME OF HOSPIT	AL (I not in hospital, give street) 3 Varhiva	et address)	d. STREET ADDRESS	EKNAY CT.	e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type ar print)	Leocari	Middle P.	ALMER.	4. DATE OF JA	1 1	Year 1962
FEMALE	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	mar. 4 18	P 9. AGE (In years last birthday) yrs.	Manths Days Haurs	Min.
during mast af wark	N (Give kind af wark dane 10 ing life, even if retired)	b. KIND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE (State	gork.	12. CITIZEN OF WHAT C	OUNTRY
13. FATHER'S NAME	10. BRO	odts	14. MOTHER'S MAIDEN	NAME - 100 Me	1	A.
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17.	HATTIE L	Howar	dress	
Canditians, if ar gave rise to in cause (a), stating lying cause last. PART II. OTH	mmediate DUE TO (c)	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS PERFC	DRMED?
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in	Part I ar Part II af item 18.)		
Y 20c. TIME OF INJUR Haur D. m. p. m.	Whi		PLACE OF INJURY (Hame, fari actory, street, affice bldg., et		(Caunty)	(State
saw the deceas	/ (/	nded the deceased fram		M, fram the causes a	nd an the date stated	abave
22a. SKANTTURE	ian P Jog	farty	ATTENDING	AED. STAFF	1900	SIGNE
NAME (Type)	THOMAS AU	FOGARTY	1011 UNIV	1. BLUD E.S	LUZE Spelle	-KL
23a. BURIAL, CREMATIO REMOVAL (Specify)	JAN. 3, 196			PouGHKeep	sie N.	e) .
24. FUNERAL DIRECTOR'	s SIGNATURE	3 ITTESTWW	DC 10 DATE	- 100	ISTRAR'S SIGNATURE	1



For State Health May be a sound of the sound of th

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

on of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0106 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01056

11	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaesad lived, If institution: Residence before admission)
1	Prince George's MARYLAND	• STATE Maryland b. COUNTrince George's
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	write RURAL and give nearest town) Fairmont Heights 36 years	Fairmont Heights 30
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddrass)	d. STREET ADDRESS •. IS RESIDENCE
	716 58th Avenue	716 58th Avenue
3	3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Year OF
		Palmer January 21 19 62
1		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female Colored widowed Divorced 1	November 18,83 last birthday) Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewife Own Home	Virginia U.S.A.
1	Oscar Sanford	Alcinda Fox
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT 2414 France Street NE
1	(Yas, no, or unkown) (Ifyesgivewarordatasofsarvica) no J	ohn S. Palmer Washington , D.C.
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute conge	stive heart failure ONSET AND DEATH
	DUE TO	501/0 1107/ 0 2011/03/0
		lar renal disease
	gava risa to immediata causa	THE THIRT WINDOWS
	(a), stating the undarlying DUE TO causa last.	
4	10	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
1	PAK III. OTHER SIGNIFICANT CONSTITUTION	PERFORMED?
1	208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	That nature of injury In Part I or Part II of itam 18.)
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	mar natura of injury in Part I of Part II of Ham to.,
140		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., atc.)
1 3	p.m. 19 at work at work	
	21. I certify that I took charge of the remains described above, he	ld an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes , Accident , Suici	ide, Homicide, Undetermined manner
	Λ	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
1		DEPUTY MEDICAL EXAMINER TO January 21,1962
-	NAME (Typa) James I. Boyd	Address (Straet, city, town, or county)
2	228. BURIAL, CREMATION, 226. DATE THEREOR . 22c. NAME OF CEMETERY OR	
	Burial 1/24/62 West View	Upperville, Virginia
1	23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Brooks & Allen 1200 Fla. Ave.	N.W. DATE / 23/68N 24 62 Cirthun S. Kraue

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any definesse ex.

Solution of the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fund 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State for its designated agent, prigr-to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

. . . IV. C (ROSER TIME TORING TO BE WELL TO BE W Sold Canada applied a state ton, the true to the state of the

MARYLAND STATE DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY necessary, actor. Page files. Health, Prince George's District of MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) Washington Cheverly 3 hours d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 574 49th Place YES NO TX NAME OF DECEASED 1962 (Type or print) Daniel Payton DEATH January 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months 30,1940 March Male Colored WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) District of Columbia U.S.A. General Laborer pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Payton Daniel Robinson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgivewer or detes of service) John Baily, 1358 Upper Marlboro, Md. 18. CAUSE OF DEATH (Enter only one cause percline for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MORRIJAGE IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if eny, geve rise to immediate cause (1) DUE TO (e), steting the underlying as used nould be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES X NO 2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. 20f. (City or town) (County) 20c. TIME OF INJURY (State) factory, streat, office bldg., etc.) While Not While et work X et work Md Dance hall Deanwood 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection * Inquiry X and in my opinion Ö death resulted from: Natural causes Accident Suicide Homicide 3 Undetermined manner ĎЙ CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER designat January 21,1962 EXAMINER'S should FUNE NAME (Type) Address (Street, city, town, or county) 228. PORIAS, CREMATION, 400 William & Kroses

- Time Canada active

TELEGIST OF STORY OF

Sent P Standard Well note-at 192546

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.V. S. Boeur sed & E.D. Berten C. Berten D. W. S. B. W. B.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 723/62 iwk
2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edinission) HEALTH DEPT PLACE OF DEATH e. COUNTY Islandsounty Prince George 's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Cheverly d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? George's General YES NO TH Hospit the funi 3. NAME OF Middle DATE DECEASED OF the (Type or print) rage may be refeel and with the Ralph Peterson DEATH death. AGE (In years IF UNDER 1 WAR IF UNDER 24-HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH last birthdey) and WIDOWED DIVORCED Colored 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1, None Virgin Islands 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pag Unknown Unknown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no or unkown) (Ifyesgivewerordelesofservice) None Hospital Records. St. Elizabeths Hosp This certificate should be executed rd "pending in personal I Examiner's Office along when the used as a burial-transit personal and in a 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] Washing ONSET AND BEATE PART I. DEATH WAS CAUSED BY: Shack IMMEDIATE CAUSE (e) DUE TO Intracranial Hemorrhage, compound fractures (b) a the certificate, writing the word "pending" gave rise to immediate cause of both legs. DUE TO (e), steting the underlying cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY pe PERFORMED? Chief Medical E CERTIFICA NO 3 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18,) 20a. EXTERNAL CAUSE WAS PRIMARY THE CONTRIBUTING burial Pedestrian struck by an automobile CAUSE OF BEATH. the Chie 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) 0 factory, street, office bldg., etc.) Not While prior et work forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Inquiry and in my opinion MEDICAL agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL 1 DATE SIGNED SIGNATURE EXAMINER'S Boyd TO DEPU James NAME (Type) Address (Street, city, town, or county) please 4 shoul O FUN 22a, BURIAL, CREMATION. 1/22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) BURIAL

23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Chilles S. Kraus 5M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

the second of th TANDE CAMBOO TO DESCRIPTION OF THE PARTY OF Hamilton of the cost Estates E aser to each little and , by addings on Snith transfer of these STUDIO SOLLED DE SECURE DESCRIPTION DE LA CONTRACTOR DE L BURGAL 1-9-62 STENDEDWS HOSP. WASTE D.C. VEF EDWARDS STERIZ HOSP.

FOR STATE TO DEPLY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please that the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, and 2 with the State Board of Health, or the designated agent, prior to burial, cremation, or removal, and in any event within 78 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01068 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01059

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits,	THE TRANSPORT
write RURAL end give nearest town)	11.1
Bladensburg	70 Bladensberg
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 4909 Quincy Street
4909 Quincy Street	4909 Quincy Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Charles E	Petty Death January 10, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	lest birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	reprilative of 1001/4
done during most of working life, even if retired)	
Egg Candler Packing Compa	nt Virginia USA
13. FAITHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyes give wer or detes of service)	Addrew Bladensburg, Md.
	ucille Simpson 4905 Quincy Street
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	ris and Hydrone purosis
DUE TO	Part of
Conditions, if eny, which geverise to immediate cause	OF PRUSTATE
(a), steting the underlying DUE TO	
cause lest. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
LY .	YES NO -
	(Enter neture of injury In Pert I or Pert II of item 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	LACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Tion a.m.	ectory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above,	held an Autopsy X, Inspection X, Inquiry X, and in my opinion
death resulted from: Natural causes X. Accident , Su	icide, Homicide, Undetermined manner
1 0	CHIEF MEDICAL EXAMINER
SIGNATURE James J. Jon	ASSISTANT MEDICAL EXAMINER DATE SIGNED
	DEPUTY MEDICAL EXAMINER 1/10/62
EXAMINER'S James I. Boyd. M.D.	
O MINO DE LA DOS CA, PRADA	
	Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or country) (State)
REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
Burial 1-17-1962 Washmite	or CREMATORY 22d. LOCATION (City, town, or country) (Stote)
REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (State)

Fince Good of 17.7 A 25 M SAME SAME SAME SAME CONTRACTOR OF THE CONTRACT OF TRACTOR OF THE CONTRACT OF THE C Short of loye The the thing had a town the said the s the state of the s

FOR STATE irector. Page vour files. Board of Health TO DEPUTY SCEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please executed within 24 hours after death. If any delay is please executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated egent, prior to burial, cremation, or removal, end in any event within 72 hours effer death.

1	MARYLAND STATE DEPARTMEN
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRE

NT OF HEALTH STON STREET, BALTIMORE 1, MARYLAND

01060

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01069

	a. COUN	OF DEATH				RESIDENCE (Whare			ce before admission,
1			George	g MARYLA	e, STATE	Maryland	b. COUN	-	George's
7	b. CITY C	R TOWN (if outsid RURAL end give n	le corporate limits,	c. LENGTH OF STAY II	N 1b c. CITY O	R TOWN (If outside co	rporate limits, writa		
		Cheverl	y	D.O.A.	X Bra	ndywine			
	d. NAME	OF HOSPITAL OR	INSTITUTION (if not	in hospital, give street eddrass)	d. STREET	ADDRESS			e. IS RESIDENCE
,	Dni	naa Gaa	neola Ge	nonal Hogat	tal DAV	te #3 Bo	2151		YES NO
: !	3. NAME O		rge s Ge	eneral Hospi	Last	4. DATE		Dey	Yeer
	(Type or	print)	Joseph	Rodney	Pinkr		H Janua	rv 1.	19 62
	5. SEX	6. CC	DLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIR	TH 3	9. AGE (In years last birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male		TOTOG	DOWED DIVORCED		25, 1945	16 yrs.		
		OCCUPATION (G most of working li		10b. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (State or foreign of			F WHAT COUNTRY?
1	13. FATHER	Student		School	D1	strict of	Columb	ia	U.S.A.
	Jo	seph Ma	tthew Pin	nknev	Lon	nece Brow	m		
l	15. WAS DE	CEASED EVER IN U	.S. ARMED FORCES? e werordetes of service		17. INFORMANT		Address		
	No		None		Joseph Ma	atthew Pi	nknev	same as	#2.
1	18. CA			e per line for (e), (b), and (c).]			1111110	INT	ERVAL BETWEEN
	P.A	ART I. DEATH WAS	CAUSED BY: ATE CAUSE (a)	Tomoreelo o ou	o - in it of the	? .		ON	ISET AND DEATH
		811	DUE TO	Hemorrhage	e and sno	30K			
	Condition	ons, if any, which							
		e to immediate ceu	se (Fracture	of the ba	se of th	e skull		
		ting the underlying	DUE TO						
1	causa la) (c)						
	O PAR	RT II. OTHER SIGNII	FICANT CONDITION	S CONTRIBUTING TO DEATH B	UI NOI RELATED TO	THE TERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	9. WAS AUTOPSY PERFORMED?
	3							1	YES TO NO
	PAR 20a. EX PRIMAR CAUSE	TERNAL CAUSE WY OF DEATH.	AS 20b.	DESCRIBE HOW INJURY OCCUI	RED. (Enter neture of it	ijury in Pert I or Pert II	of item 1B.)	on co	llision
				28 ANDESCEURRED 120	a car the	t.was.in	an hear	_	(State)
-		our a.m.	1-1 (5)	WhileNot While	fectory, street, office	bldg., etc.)			(State)
1	₹ 5:0	00 ppmaz 1	-/1/ 19 b	at work et work	Route #	5 Ca	mp Spri	ngs P.	G Md
	21. I c	certify that I to	ook charge of the	e remains described abov	re, held an Autop	sy , Inspectio	n 🗶 , Inquir	y X, and	in my opinion
	death	resulted from:	Natural causes	Accident .	Suicide, }	lomicide, L	Indetermined m	anner 🗌	
				100	CHIEF	MEDICAL EXAMINER			
	SIGNA		ames	12.120	M.D.	TANT MEDICAL EXAM		D	ATE SIGNED
-		INER'S	T. mos. 7	Don't M. D.		TY MEDICAL EXAMINED	- Tund	Januar	y 1, 196
1	NAME 22a BURIAL		James J	Boyd, M.D.	Addre	ass (Street, city, town, c	ATION (City, town,	or country)	(State)
		AL (Specify))	. 2	m+11	+ 7	P D	4:/	mi
1 0	Duris	AL DIRECTOR	en, 5,196	ADDRESS	1 persons	24a. REC'D BY REGIS	TRAPIZAD DEC	STRAP'S SIGNATI	B. // CO.
	23. PURIEKI	O WILL	Kall	MALLES S	mI	JAME 5	CO	elius S. Krau	
	1 Jel	rege N'	V WESON	inguasco	1/100.	DATE	300	D. May	4.6

VS. A15ME 5M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

WAS AUTOPSY

YES NO

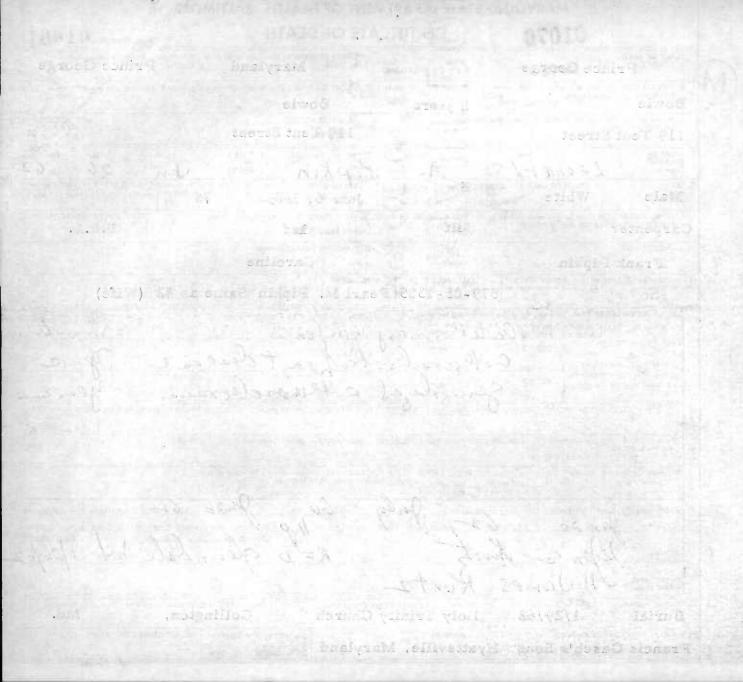
(State)

DATE SIGNED

Md.

PERFORMED?

that the death certificate be executed within 24 haurs after death. Page 4 OR VS A15 (4) 15M 9/5B



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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. director, page 3 should be detached for use be filled with the State Dept. of Health prior

MADVIAND STATE DEDADTMENT OF HEALTH

	ESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
01071	CERTIFICATE OF DEATH	01063
CE OF DEATH OUNTY	2. USUAL RESIDENCE (Whara decaasad livad, II i a. STATE b. COUN	

	-										had.		
	PLACE OF DEAT	Н			2.	USUAL RESIDEN	ICE (Whara de			nca bafora a	dmission		
	Prince G	eorge 's		MARYLA	ND	Maryland Prince George's							
b. CITY OR TOWN (il outside corporata limits, c. LENGTH OF STAY IN 1 write RURAL and give nearest town)						Tital A Talling (100)							
	Cheverly	d giva nearast town)) dore	1	Brandyw	ine						
_		ITAL OR INSTITUTION (i	f not in hospi	L day		d. STREET ADDRESS) e. IS R	ESIDENCE		
						י ד בת	Dear 222				A FARM?		
-		eorge's Gene	eral H				Box 223	14 18	-		№ □		
-	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	Day		10		
	(Typa or print)	Geo			Pi	rner	DEATH	Janua	ry 4	19	62		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DA	TE OF BIRTH	9.	AGE (In years			R 24 HRS.		
	Male	White	WIDOWED		7	12-17-07		last birthday)	Months Days	Hours	Min.		
10a	. USUAL OCCUPA	TION (Give kind of work	10b. KIN	D OF BUSINESS OR IN	DUSTRY 1	. BIRTHPLACE (Cou	nty & Stata, or	loraign country)	12. CITIZEN	OF WHAT	COUNTRY		
a o	Farmer	orking life, even if ratira	d) /-	ARMING		German	77		TT S	S.A.			
13.	FATHER'S NAME		1	INITIOG		MOTHER'S MAIDEN			0.0	2000			
	Tennaro	l Pirner											
10		VER IN U.S. ARMED FOR	CEC2 1/ C	OCIAL SECURITY NO.	17. INFO	Anna	PII	ner					
	is, no, or unkown) ((If yas give war or dates of se		OCIAL SECORITI NO.		ald Pirner	. Posen		er.a				
	No				DOIL	ard Firmer	branc	lywine,			-		
		DEATH [Entar only one	cause per lin	ne lor (a), (b), and (c).]		0				NTERVAL BE			
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1	my o condid	. In	faret-			SUM	10	2 _		
	12	DUE TO		0							1.		
	Conditions, if an	y, which \ (b)	000	andam Con	- ul-	Vansa R	ence 1	Deland		de	-		
	gava risa to Immad	diata causa								0			
	(a), stating tha	underlying DUE TO											
	causa last.) (c)	TIONIS CON 1	CONTRACTOR OF A THE	UT NOT BE	ATTO TO THE TERM	INIAL DISTASS	COMPITION CIVI	CALIBLE ART 1(-)	19. WAS /	ALITOREY		
ATION	PARI II. OTHE	R SIGNIFICANT CONDI	IIONS CONI	IKIBUTING TO DEATH B	UI NOI KE	LATED TO THE TERM	INAL DISEASE	CONDITION GIVE	:N IN PART 1(8)		NO A		
CERTIFICATION	OR CONTRIBUTING	VAS UNDERLYING CONTROL CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURED. (En	tar nature of injury in	Part I or Part II	of itam 1B.)					
3	20c. TIME OF INJ	URY Month, Day, Ya	er 20d. It			F INJURY (Home, far		or town)	(County)		(State)		
MEDICAL	Hour a.m.	19	While at work	Not While	factory,	street, offica bldg., at	c.)						
_	21. I certify	that (I) (this hospit			from	- 15	19.5%, to.	1-4/	, 19.4.6.	that (1)	(we) la		
		sed alive on											
	22a. SIGNATURE					ATTENDING	A.M.	STAFF			b. DATE		
	(57.	Caron and	6-lener	~	M.D.	PHYS.	DIRECTOR	PHYS.			310146		
	22c. PHYSICIAN'S	5				22d. ADDRESS			Francisco I				

NAME (Typa) Orichard Dabson 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Spacify)

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

FULLY

FULLY Suitland, Md. DATE JAN 11 Chilling & House

TO HOSPITAL death. Per director, per director, per be filed with 15M 9/60

Letter Consist.

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+ Hundred Stone Walder Hild Jones

20d Film Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH EALTH DEPT. 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Prince George's County MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 director. write RURAL end give neerest town) Cheverly District Hts. Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 7702 Kipling Pr YES NO Prince 3. NAME OF George's General Hosp, the fur retain (Type or print AUL DECEASED OF DEATH RAYMOND PORTER 19 Jes 1, 2, and Page 5 may be Jes 1 and 2 with 1 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours Min. Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Pages Law Enforcement W.Virginia U.S.Marshal pages within PM3. 13. FATHER'S NAME File Paul Samuel event Rose Schmidt form 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyes give wer or detes of service) with War World 298-18-7353 Geraldine Constance Porter Same Office along w 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH EMORRHAGE AND SHOCK IMMEDIATE CAUSE (e) in pencil removal pluods ACERATION OF ADRTA and SPINAL CORD geve rise to Immediate cause S 10 Examiner's **DUE TO** (a), steting the underlying 0 cause lest. ate, writing the word "pend the Chief Medical Examin OR: Page 3 should be used prior to burial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES X NO MEDICAL EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. ole Occupant of auto that ran off road Month, Dey, Yeer (Stete) factory, street, office bldg., etc.) 12/62at work Not While Hewv prior On Meadows, Pr. Geo. should be forwarded to th 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X. and in my opinion agent, death resulted from: Natural causes Accident ... Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ST **EXAMINER'S** NAME (Type) DY BOYD D. M. F. Add James Address (Street, city, town, or county) please 4 shoul O FUN 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) MOVAL (Specify) 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60 arthur & Harry

MARYLAND STATE DEPARTMENT OF HEALTH

TO DEP

Item,

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DIVISION OF STATISTICAL RESEARCH AND RECO TON STREET, BALTIMORE 1, MARYLAND 01073 CERTIFICATE OF DEATH funeral . PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If institution: Rasidanca before admission) a. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland Prince George's
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) dean c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Cheverly 1) nour d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) Suitland d. STREET ADDRESS George's General Hospital Arnold Road 4. DATE Month DECEASED OF. (Typa or print) DEATH January 17 Heidemarie Potocko DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX and last birthday) Months January 17 1962 WIDOWED DIVORCED Female 10a. USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) NONE Prince George's, Maryland
14. MOTHER'S MAIDEN NAME e attending pl Then please 13. FATHER'S NAME Monika Elizabeth Cordes Richard John Potocko
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (If yes giva war or dates of service) physician. Mother Road Suitland, Maryland 18. CAUSE OF DEATH [Entar only one causa per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO gava rise to immadiate cause DUE TO (a), stating the undarlying certificate has I rr use as the bur prior to burial, causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH CERTIFI 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) factory, straat, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work p.m. 162 to attended the deceased from. 1/1/ 17....., 1962, that (I) (we) last 21. | certify that (I) (this hospital .., and that death occured at.6.:10, from the causes and on the date stated above. saw the deceased alin 22a. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR PHYS. 22c. PHYRICA 22d. ADDRESS FUNK FUNK McDonade 23a. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION (City, to REMOVAL (Specify) D. p. g ADDRESS 257. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE JAN 2 5 '62 Chilling & House

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO X

1962

IF UNDER 24 HRS.

Hours

DISET AND DEATH

PERFORMED? NO

(Stata)

(Stata)

(County)

12. CITIZEN OF WHAT COUNTRY?

15M 9/60

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to your party

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE the d 2 Prince Georges MARYLAND by th b. CITY OR TOWN (if outside corporate limits, 2 yrs., 8 mos., c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) .57 Washington Glenn Dale (rural days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Glenn Dale Hospital 1722 21st St., N.W. YES NO X completely papers n 72 ho 3. NAME OF Middle 4. DATE Month Year DECEASED OF 62 (Type or print) Ernest David Racz DEATH 19 and cor withi 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED White but separated not wipowed divorced 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours eyent Male physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Michigan USA Electronic Technician Unknown please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending Emil Racz Emma Kender 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) the 362-16-9617 Decedent 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive hemoptysis, 10 minutes burial-transit has been (b) Far advaned pulmonary tuberculosis Conditions, if any, which 16 years geve rise to immediate cause DUE TO (e), stating the underlying the certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY CERTIFICATION 98 PERFORMED? prior Pulmonary emphysema NO M 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING _ CAUSE OF DEATH may be retained by the DIRECTOR; After this MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (Stete) Month, Dey, Yeer (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on. 22e. SIGNATURE ATTENDING STAFF SIGNED 1/22/62 DIRECTOR PHYS. PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b 23c. NAME OF CEMETERY OR CREMATORY 256. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 26 15M 7/61

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CERTIFICATE	OF DEATI
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		01075	CERTIFI	CAIL	OF DEATH				T.,0	U
1	1. PLACE OF DEATH o. COUNTY PRINCE G	EORGES	MARYLA		USUAL RESIDENCE (Who STATE MARYLAND	ere deceased	b. COUNTY	on: Residence		
	RURAL ond give no	If outside corporate limits, we earest town) AIR FORCE BAS		116	CAMP SPR		rate limits, write RI	URAL ond giv	e nearest to	own)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION USAF HOSPITAL				d. STREET ADDRESS 60 WESTCHESTER COURT e. IS RESIDENCE ON A FARM YES \(\sqrt{N} \) NO					
	3. NAME OF DECEASED (Type or print)	First RALPH	Middle FULTO	N	REYNOLDS	4. DATE OF DEATH	JANUA		Doy 15	Year 19 61
	5. SEX MALE		MARRIED NEVER MARRIED		ATE OF BIRTH SEPTEMBER	1949	9. AGE (In years last birthday) 12 yrs.	Months D	YEAR IF UN	
	Od. USUAL OCCUPATION during most af war NONE	king life, even if retired)	106. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote of ALABAMA	ar fareign co	ountry)		TED S	TATES
1	3. FATHER'S NAME			14	MOTHER'S MAIDEN N	IAME	100			
1	JOHN M R				SARAH FULT	ron				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? NO. (If yes, give war or dates of service) NO. NO. (If yes, give war or dates of service) NONE NONE JOHN M REYNOLDS (FATHER) SAME A										#2
	Canditions, if a gove rise ta i couse (o), stoting lying cause lost.	mmediate DUE TO	wolf 3	rul	tyle ?	net	alla	ra	6	Mon
	CATIC		ONS CONTRIBUTING TO DEAT		A			'EN IN PART	1(o) 19. W/PEF	RFORMED?
- 1	(IF EITHER, NOTIFY 20c. TIME OF INJUF Haur o. m. p. m.	RY Month, Day, Year	20d. INJURY OCCURRED 2 While Not while 1t work at work	0e. PLACE foctory,	OF INJURY (Hame, farm street, office bldg., etc.	20f. (City	or town)	(Ca	unty)	(State)
	21. I certify the saw the decea 27a. SIGNATURE 22c. HYBICIAN'S	at X) (this hospital) a sed alive on 15 J	ttended the deceased franklary 19 62, and of the second se	nat deat	ATTENDING ME	M, from	the couses an	Y, 19.62 ad on the	dote stot) (XXX) last ted obove 22b. DATE SIGNED [UARY 6
	NAME (Type) 23a. BURNAL, CREMATIC REMOVAL (Specify	1-18-6	23c. NAME OF CEMET		MC USAF HO	23d. LOCAT	IDREWS AI	or county)	U	E, MD
	24. FUNERAL DIRECTOR	s signature	517-11-St	SE,	DATE 250. REC	AN 1 9		STRAR'S SIGN		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 the funeral director, may be revoived by the haspital ar attending physician.

TO FUNERAM SECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 share, he detached far use as the burial-tronsit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9

01025 A STATE OF THE PROPERTY OF THE PARTY OF THE TO ALLEY ALLEY ALLEY THE YEARSHAL EL TA SHEOTOG COMMENTER TO A MANUAL TO A - COME A HEIMSTER IN, INCH CEAR BOT HESE ROLE, NORTHER ATRITION OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	01010	CERTIFICATE	OI DEATH		Ting
1	PLACE OF DEATH		2. USUAL RESIDENCE (Where dec	ceesed lived, If institution: Resi	dence before edmission
	e. COUNTY		e. STATE	b. COUNTY PRINCE	Georges
1-	Prince george 5	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpo	rata limite write PLIPAL and a	ive loanest town
	b. CITY OR TOWN (foutside corporete limits, write RURAL etc. give neerest town)	C. LENGIH OF STAT IN ID	c. cit ok town (ii duiside coipe	note titinis, write kokaranio y	Joseph Town,
_	Chevenly	2 who	LAYNEL		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
1	Prince george	Jenenal	344 MAINE	51.	YES NO L
3	NAME OF DECEASED FALL Deth	la Middle Ct	Clair 4. DATE OF	Month [Dey Yeer
	(Type or print) / (VIOL A)	(E LIZABETA)	ST. CLAIR DEATH	JAN 2	1 1962
5	. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARKIED B	. DATE OF BIRTH 9.	AGE (In yeers IF UNDER 1 YE	
	Female white WIDOWED	DIVORCED A	may 9 1894	(ast birthdey) Months Day	ys Hours Min.
	De. USUAL OCCUPATION (Give kind of work 1Db. Kill lone during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or f	foreign country) 12. CITIZE	N OF WHAT COUNTRY
1	Sind during most of working tipe, even if reaffed)	+	Mark	>C	USA
1	3. FATHER'S NAME	overy searce	14. MOTHER'S MAIDEN AME	1	/1
1	E IN W	10.1	7 8	a.tt.	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. :	SOCIAL SECURITY NO. 17. 1	INFORMANT)	Address 222	n n. 17 1
	Yes, no, or unkown) (Ifyes give we ror detes of service)	n	0 1 1/2	to para	20 MM
-	no	10	us learl K.	Mach, Wo	roh D.C.
	18. CAUSE OF DEATH [Enter only one couse per li	ne for (a), (b), end (c).]	,		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	PULMONAN	ly Embows		15 min
L	DUE TO				
		TheuMATIC	HEART 1)15	e 195 e	Lune
	geve rise to immediate couse	1 Meanifile	TICHICI DIE		JILS
	(e), steting the underlying DUE TO				
	ceuse lest. (c)				
12	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	CONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY PERFORMED?
F	Emphys	ema of	Lyngs		YES NO
NE L	200 ACCIDENT WAS UNDERLYING THE 20b. DESC		. (Enter neture of injury in Part I or Pert II	of item 18.)	
Toro	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
130		NJURY OCCURRED 2De, PLA	CE OF INJURY (Home, farm, 2Df. (City	or town) (County	(State)
		Not While fact	ory, street, office bldg., etc.)	, todany	, (5,5,0)
MED	p.m. 19 et work	et work			
	21. I certify that (I) (this hospital) attend			1/27 196	
	saw the deceased alive on	19. 62 and that	death occured at 2. a.M., from	the causes and on the	date stated abov
	22e. SIGNATURE	//		. 1	/ 22b. DATE
	Mumm Line 1	free	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.	7/42 SIGNE
	22c. PHYSICIAN'S		22d. ADDRESS ,2	- 1	. 1
	NAME (Type) Nouman 1)	ONAT OME	44 3503 Tennys	1 MT/(AIN	ien Me
-	3e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME O CEMETERY	OR CREMATORY 1234 LOCA	ATION (City, town or county)	(Stete)
1	REMOVAL (Specify)	1+2	PT	1 %	1.1
1	June 1/30/62	At Many	s Umilley Las	inel Man	flough
2	FUNERAL DIRECTOR'S SIGNATURE	ADDRES3	1/ 10 1 1/1	RAR 256 REGISTRAR'S SI	NATURE
1	16 11/11 TTolde, Id A my	100110	/ // d/ DATESTO 2 162	(7.22. 8 Ves	

DHOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4. The state of the postility of the hospital or attending physician.

5. FUNDAL AL DIRECTOR: After this certificate has been signed by the attending physician and complete filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper figures 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL death. VR A15 (4) 15M 9/60

37018 There have an CHECOREY ON and Market and the second The suggestion of the state of the sunch The second of th Bridge of the state of the stat Themen any Employee CONTRACTOR TO THE STREET OF MINUTES TO Emplyseum of Land 27 1211 -27 -1/2 Market Transferred to the contract of the cont 11 campo garantemen saylensy st not 1 (nomen 112 the same of the first the same of the same

death. Page 4 may be retained by the hospital or attending physician.

IO FUL DIRECTOR: After this certificate has been signed by the attending physician and complete the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon pape ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN:

76

The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH	
Old 1077 CERTIFICATE OF DEATH	NORE 1, MARYLAND
Ttem 11 F11m 0305 1/18/62 mb	1 (/)
1. PLACE OF DEATH	
s. COUNTY b. COU	Frince George
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, wri	
write RURAL and give nearest town	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS	l a. IS RESIDENCE
d. NAME OF HOSTING OR HISTORY (II HOT III ADSPIRE), GIVE SHOELD GOVESS)	ON A FARM?
heland Memorial Hosp. 10515 Dalto	B/Yd YES NO M
3. NAME OF DECEASED First Middle Last 4. DATE Mon	rh Day Year
(Type or print) VOSEPN SALUTE DEATH Sa	n 10 1962
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year	
last birnoay)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country	1 12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country done during most of working life, even if retired)	12. CHIZZIN OF WHAT COUNTRY
Store Keeper Grocemstone I taly	U.S.A
13. FATHER'S MAIDEN NAME	
Ceaser Solute Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addra	\$5
(Yes, no, or unkown) (Ifyesgivawarordatasofservice)	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	I INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: An . To compositud train toll	CLAS ONSET AND DEATH
IMMEDIATE CAUSE (a)	
DUE TO HOLL TO TO TO TO THE TOTAL OF THE	
Conditions, if any, which (b)	- 0
gave rise to immediate cause DUE TO	The state of the s
(a), stating the undarrying	
The state of the s	VEN IN PART 1(a) 119 WAS ALITOPSY
E PARTIE STILL STATE OF THE PERTIES	PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISTANCE CONDITION GO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH U[IF ETHER, NOTIFY MEDICAL EXAMINER]	
THE DESCRIPTION OF THE PROPERTY OF THE PROPERT	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d. INJURY OCCURRED While Not While at work at	(County) (Stata)
Hour a.m. While Not While factory, streat, office bldg., atc.] p.m. 19 at work at work	16
1951	2 10 11-1 (1) (110) lest
1 1 5 1 1	19L, that (I) (we) last
saw the deceased alive on	
228. SIGNAYURE ATTENDING MED. STAFF	22b. DATE SIGNED
M.D. PHYS. DIRECTOR PHYS.	1 1 1/10/52
22c. PHYSICIAN'S NAME (Type) WK. FTIENNE 22d. ADDRESS 0//ege /	while
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 1)	own or county) (Stata)
Entombment 1/13/62 Ft. Lincoln Mausoleum Colmar M	Manor, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 25b. R	
17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13 Casela Sina Hypollsulle, Med. DATE JAN 15'62 1	Tether S. Kings

TO HOSPITAL VR A1S (4) 1SM 7/61

The Winterman State of the Colores Manor, and The Later Committee of the Control o

FOR STATE HEALTH DEPT

rector, Page

TO DEP. IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any of please ex. the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fun 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retaine TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 7 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH OTOTO

	- 65									- V-17
	CE OF DEATH DUNTY Pr:	ince Geo:	rge's	MARYLAN	a.	COAL RESIDEN				esidence before edmission)
w	TY OR TOWN (if	outside corporete timi give neerest town)		. LENGTH OF STAY IN		Capita]			ite RURAL end	give neerest town)
		Memorial	if not in hospite	ol, give street address)	162	STREET ADDRESS	gston	Avenue	9	a. IS RESIDENCE ON A FARM? YES NO
	ME OF EASED or print)	Bennev	ille	William	Sca	Las La	4. DATE OF DEAT	Towns		Poy Year 20 19 2
5. SEX Ma	le	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE		882	9. AGE (In year 7-5) birthday) yrs.	Months E	YEAR IF UNDER 24 HRS. Deys Hours Min.
done du	UAL OCCUPATION TING MOST of WORK TO THE PROPERTY OF THE PROPER	ON (Give kind of worl king life, even if retire	(day	of Business or Indi		Distri		Colum		ZEN OF WHAT COUNTRY
	HER'S NAME Franci	s Maria	Scala	a		THER'S MAIDEN				
15. WAS (Yes, 12)	D unkown) (If	R IN U.S. ARMED FOR yesgivewerordelesofs	ervice) 16. SO	CIAL SECURITY NO. 1	Mrs.	Julia I	Moss	Scaladon,	"same	as # 2
Congeye	PART I. DEATH	derlying DUE TO	Cer Car	rebrovasc rdiovascu	lar r	enal d	iseas			INTERVAL BETWEEN ONSET AND DEATH
CAU SAN CAU	. EXTERNAL CA AARY Or COI USE OF DEATH. . TIME OF INJUR Hour e.m. p.m.	USE WAS TRIBUTING [Ob. DESCRIBE	HOW INJURY OCCURE	D. (Enter natu		ert I or Pert II		(Coun	1(e) 19. WAS AUTOPSY PERFORMED? YES NO P
21. dea	I certify the		auses 😾	Doge	held an A		L EXAMINER DICAL EXAMINER	Indetermined INER		and in my opinion
REM	NAL, CREMATION NOVAL (Specify) NERAL DIRECTOR	Jan 22 telle 17	762 1 122. n	COS US	ech to	emt/ 240./RE	JAN 2 2		GISTRAR'S SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL PESSANCH AND DECORDS 301 W DESTON STREET RAITIMORE 1 MARYLAND

01079	CERTIFICAT	E OF DEATH	1		010	70	
. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decea	sed lived, If it	nstitution: Residen	ce before e	dmission)
e. COUNTY	MARRIET WAIR	a. STATE Md.		b. COUNT	Prince	17	-0-1
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (te limits write	RURAL and give	neerest tow	n)
write RURAL and give neerest town)		01 -					
Cheverly	3 days 9hr.	36 Landove	er			15.05	CID FNICE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hose	pital, give street address)	d. STREET ADDRESS					SIDENCE A FARM?
Prince George General		9014 1	Ardmore I	Road		YES	NO J
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Dey	Yeer	-
(Type or print) John		Scheuring	DEATH	7 %	7	19	60
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8	, DATE OF BIRTH	9. A	<u>්ධූ</u> (GE (In yeers)	IF UNDER 1 YEAR	IF UNDER	24 HRS.
36 3		12.00	la la	ast inthdey)	Months Deys	Hours	Min.
***************************************	LECT.	2-19 189	3 6		10 CITIZENI	SE MALAT C	CLINITRY
done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR				12. CITIZEN C		OUNIKI
Retired-DC Metropolits	n Policeman	Washing	ton, D.	C.	USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN					
Franz Scheuring		Eliza	beth K	narvy			
	SOCIAL SECURITY NO. 17. 1	INFORMANT Dau	ghter c	Olderon.	rdmore	Road	
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	79-01-2511J	oan Scheur			er, Mar		
Yes WW L 2				atidov		TERVAL BET	
PART I. DEATH WAS CAUSED BY:	A A A A	6.0	A. 10	0		SET AND	
IMMEDIATE CAUSE (e)	al shut o	enun occ	uceka				
DUE TO					20.		
Conditions, if eny, which (b) Car	diovascular	Hypertens	eve a	ellas	P		
geve rise to immediata ceuse		110					
(a), stating the undarlying		00			1000		
Z PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CO.	NDITION GIVE	N IN PART 1(a)	19. WAS A	UTOPSY
S TAKE III OTHER STORMER AND CONSTITUTION SOLVE	TRIBUTING TO BEATTI BUT INC	TREEMIED TO THE TERMI	THE DISENSE CO	Nomen are		PERFO	RMED?
5						YES _	NO M
200. ACCIDENT WAS UNDERLYING 20b. DESC	CRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Part I or Pert II of	item 18.)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME OF INJURY Month, Dey, Yeer 20d. I		CE OF INJURY (Home, ferr		town)	(County)		(Stete)
Hour a.m. While	THOI WILLIAM	tory, street, office bldg., etc	:.)				
p.iit.		1-1-62	10	1-7-62	40		
21. I certify that (I) (this hospital) attend			19, to		17		
saw the deceased alive on	/19, and that	death occured at	2.5.4AZ, florill	he causes a	and on the d		
22a. SIGNATURE		ATTENDING	MED.	STAFF		22b	. DATE
Juliano 10. Ho	ragan M			PHYS.		1-7	1-60
22c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) Dr. William B	Hagan	3303 F	erry Str	eet, M	t. Raini	er, M	d.
23. RURIAL TORM AT MINE 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATI				tata)

burial 1/9/62

24 FUNERAL DIRECTOR'S SIGNATURE

The S.A. Hines Co

Ft. Lincoln Cemetery Pr. Geo. Co., Maryland

ADDRESS

ADD 2901 14th ST.N.W.

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VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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01080

CERT	IFIC.	ATE	OF	DEATH
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1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park, Md	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 7/ College Park, Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4615 Clemson **oad	d. STREET ADDRESS 4615 Clemson Coad e. IS RESIDENCE ON A FARM? YES NOX
3. NAME OF DECEASED (Type or print) EDITH S. SELLM	AN Lost 4. DATE Month Doy Yeor OF DEATH Jan. 19 19 62
5. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH July 26, 1876 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min. Mi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife Own Home	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Illinois USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Basil Smith	Frances Chilcote
(Yes, no, or unknown) 1 (If yes, give war or dates of service)	ouise Mughes College Park, Md.
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or tawn) (County) (Stote)
21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an	death accurred at T.M., fram the causes and an the date stated abave. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D 22d. ADDRESS OF PHYS. D 22d. ADDRESS OF PHYS. D ATTENDING PHYS. D 27d. ADDRESS OF PHYS. D
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CORRECTION Jan 22, 1962 St John's	Cemetery Beltsville, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md.	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 23 '62 Crithur S. Fliance

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			a programme					
			A Land Company E.					

1	PLACE OF DEATH O. COUNTY FRUGE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased live a. STATE WAS DIMED ON	of 16 institution Positions & 6
		17114KXXXAYNADI	b. COUNTY PRINGE CETT
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) LUN HVATTSUILLE 4/2/405	Washing WANTS	limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FERRINA NURSING HOME.	d. STREET ADDRESS, 353 Nich	DRIVE S.W . IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) ROSE RITH SHAK	Lost 4. DATE OF DEATH	FAN 6 1962
	SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	DEC 10. 1955 ."	GE (In years of the state of th
10a	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	George Shurkey	14. MOTHER'S MAIDENNAME	Sharkey -
15. YYen	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dates of service)	Mo Mis Jean -	Sharkey 4363 Tushali
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PAGE UNION AND CAUSED BY: IMMEDIATE CAUSE (a)	HYPOSTATIC	INTERVAL BETWEEN ONSET AND DEATH,
	Conditions, if any, which) DUE TO INANITICAL		4 105
	gave rise to immediate DUE TO	PALSY (TERM	AREGE LIFE
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of	item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 40 fa work 19 at work 10 to 10 fa	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	own) (Caunty) (State)
	21. I certify that I attended the deceased from ACCUST	occurred at 15 A M from the	e causes and an the date stated above.
	ACTUAL SIGNATURE SIGNATURE		city or tawn, state) Pare figned Pare figned
1	PHYSICIAN'S JOSEPH J. HCDONALD	45 Hyall bell	e, Hd.
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CHIEF THE PROPERTY OF CEMETERY OF CHIEF THE PROPERTY OF CEMETERY OF CHIEF THE PROPERTY OF CHI		(City town, ar county) Maryland
23.	FUNEBAL DIRECTOR'S SIGNATURE W. W. Churrbers 60, Tiverda	Complete Date 24d. REGISTRAR 9 DATE	24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AL STORILIAS HITCHIED DERRINGS STATE ON ATTEMPT TO CERTIFICATE OF DEATH Authorized the base of reservoir the All Supermounted by the For Fig. 11 to a few A STANLEY CAN CONTRACTOR STANLEY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OMEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY .. STATMaryland Prince George's b. COUNTY MARYLAND rince George! b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) write RURAL end give neerest town) Cheverly D. O. A. Ceder Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Prince George's General Hospital 6415 Sheriff Road YES NO A 3. NAME OF 4. DATE Year DECEASED Adrian (Type or print) Shorter DEATH January 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Hours Male Colored WIDOWED October 3. DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) None None Maryland W.S.A. pages 1 within 13. FATHER'S NAME PM3 14. MOTHER'S MAIDEN NAME William Henry Shorter Helen Glichrist File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgive werordetes of service) with William Henry Shorter, None same as Office along was burial-transit pr 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (e) DUE TO certificate should Conditions, if any, which (b) geve rise to immediate cause 10 writing the word "pending 9 Chief Medical Examiner's Page 3 should by DUE TO (e), steting the underlying 9 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO TH 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. the Ch. R. Page ? 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While et work prior et work ecute the certificate, I DIRECTOR: 1 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | X Inquiry X and in my opinion Natural causes death resulted from: Accident Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL plea secute 4 shald be for O FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 1/17/62 EXAMINER'S NAME (Type) ames Address (Street, city, town, or county) 220. BURIAY, CREMATION, 1 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) nd 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME JAN 2 2 '62 arthur & Kraus 5M 9/60

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Mone Manifest Henry Rushing, sero de de

-20-62 Mate Harmond Huggland Pale

CARL DESCRIPTION OF THE PARTY O

E Establique 14

- FOR TO DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay is necessary, the please secution that the certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to this that director. Page 74 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be reward for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health. The state agent, prior to burial, cremation, or removal, and in any event within 72 hours death. VS. A15ME

5M 9/60

1	MARYLAND STATE DE	P
	Division of STATISTICAL RESEARCH AND RECORDS,	3
STATE	01003 MEDICAL EXAMINER'S	(

ARTMENT OF HEALTH 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 07000

1,	PLACE OF DEATH					2. USUAL RE	SIDEN	CE (Where d	eceased lived,	If institution: Re	sidence	before	edmission)
	a. COUNTY Prince	Georges	Mour	tv MARY	CHAID	Mary	l an	a	ь. со			~~	
1	b. CfTY OR TOWN (if	outsida corporate lim		c. LENGTH OF STA					porate limits, w	rile RURAL and	giva ne	aresi lov	orges
1	Brandy	give naarast town)		Life		XBran	dvw	ine					
1-	d. NAME OF HOSPITA	AL OR INSTITUTION	if not In hosp		ess)	d. STREET A				-		e. IS R	RESIDENCE
		1 Rural				Rout	e 1	Rur	al				A FARM?
3.	NAME OF DECEASED	First		Middla		Last		4. DATE OF	Мо	nth	Day	Yea	ir
	(Type or print)	GU		FRANCIS		SIMMS		DEATH	Jar	uary 7	7.	19	52
5	. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	DATE OF BIRTH		9	fast hirthday	IF UNDER 1 Y			R 24 HRS.
1	Male	Negro	WIDOWED			April 2	7.	1895	66 yrs.	. Months Di	ays	Hours	Min.
	Oa. USUAL OCCUPATION	ON (Give kind of worl		ND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLAC				12. CITIZ	EN OF	WHAT	COUNTRY?
1	Farmer	king life, aven if relife	, , , , , , ,	rming				Mo	rvland	77	0	A	
13	3. FATHER'S NAME				-	14. MOTHER'S	MAIDEN		1 y 1 811C		S.	A	
Ŀ	Oscar SI	MMS			127	Amand	o F	ORD					
	S. WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO	D. 17. X		O	OILD	Addr	"Javie	30 T	20-6	2
10	Yes, no, or unkown) (If)	None None	21	2-14-259	5 P	erry F.	Si	mme.					
1-		ATH Enter only one	cause par li		. T			,	rati	fax, V	INTE	RVAL BE	TWEEN
	PART I. DEATH	WAS CAUSED BY:	1	Vonta any	2000	++ 1	4-	0.47			ONS	ET AND	DEATH
	11111	MMEDIATE CAUSE (a)		Acute cor	iges	rive ue	art	Iall	ure				
	C. 190 15	DUE TO	,	Yamada aan									
1	Conditions, if eny, gave rise to immedia	la causa		Cardiovas	ECUL	ar rena	T d	iseas	6		-	-	
	(a), stating the un	darlying DUE TO											
1	cause last.) (c)	710115 6011	TROUTING TO DEATH		7 DEL 1 TED TO THE	TERALIA	III Dice Lee					
é	PARI II. OTHER	SIGNIFICANT CONDI	HONS CON	INBUTING TO DEATE	BUINO	I KELATED TO THE	ETEKMI	NAT DISEASE	CONDITION	SIVEN IN PARI 1	(a) 19.		ORMED?
3											YE	S 🗌	NO 📆
CERTIFICATION	PRIMARY OF CON CAUSE OF DEATH.		Ob. DESCRIE	BE HOW INJURY OC	CURED. (E	ntar natura of inju	ry in Par	l or Part II o	f item 18.)				
K	20c. TIME OF INJUR	Y Month, Day, Ya	ar 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Ho	me, farm	, 20f, (Cit	y or town)	(Count	(y)	-	(State)
WEDICAL	Hour a.m.		Whife	Not While at work	facto	ory, street, office bl	dg., atc.)					,
>		19 at I took charge o			ove. he	ld an Autonsy		Inspection	[V] Inqu	uiry 🔽	and i	n my c	pinion
1		om: Natural ca			Suici		nicide		determined		und n	,	pinion
	Tarani Tarani G		A.X.	, recident,	Julei			EXAMINER [
	ACTUAL		10	10.	. 0						200	TE SIG	To the Control
	SIGNATURE	Janne	2	1 Jan	14	M.D.		ICAL EXAMIN			DA	IL SIC	NED
	EXAMINER'S NAME (Type)	JAME	SI.	BOYD, M.	D.			EXAMINER ity, town, or	-46	Januar	у 7	7, 1	1961
22	REMOVAL (Specify)		OF I	22c. NAME OF CEM	ETERY OR	CREMATORY HWS		22d. LOCA	I A I T	vn, or country)	17	(Stat	te)
2	3. FUNERAL DIRECTOR		-	ADDRESS	401	2	4a. REC	D BY REGIST	RAR 24b. R	GISTRAR'S SIG	NATUR	E	
1	The HUNT	T FUNEYE	1 10	me, WAL	DOR	F, MD. D	ATE J	AN 1 2 '		arihun 8.			
-				1		7							

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH USUAL RESIDENCE (Where decaasad lived, If institution: Rasidence bafora admission) a. COUNTY b. COUNTY 12 P b. CITY OR TOWN (If outside corporate limits, MARYLAND by th c. LENGTH OF STAY IN 16 OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearest town) = after Washington 28, D.C. Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give a. IS RESIDENCE ON A FARM? Suitland Nursing Home, Inc. YES NO Y Hanslor completely Month Day Year DECEASED (Typa or print) DEATH 19 62 Camuari carbon 5 SEX IF UNDER 24 HRS. B. OATE OF BIRTH MARRIED NEVER MARRIED and last birthday) Months Oays Hours WIDOWED T physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Baltimore City. Own . Home Ind. ם Sautner 17. INFORMAN Address (Yas, no, or unkown) | (If yes give war or detes of service) Mrs. Geo. Belsinger-7411 Honsford St. 18. PAUSE OF DEATH [Entar only ona causa per line for (a), (b), and (c).] Washington 28, D.C. INTERVAL BETWEEN ۵ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: mis: IMMEDIATE CAUSE (a) Conditions. gave risa to immadiate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF CEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour am While Not While at work at work p.m. DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from. and that death occured an saw the deceased alive 22b. 10ATE 22a. SI NATURE MED. ATTENDING STAFF SIGNEO DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS TO FUN director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Spacify) Lorraine Park Cemty. Woodlawn Md. Buria 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Grapate JAN 17'62 arthur & Krong

this contract Suktiona Sincella. Proping 18. 1.1. lowward 15, Torsell . Support 0681 ,51 1880 OWY. Botto - Hobbidaevo Cidu, Ind. 11.5. E. 94,100,000 inoderical u. Connec No mo. Mones The. Section of 111 send of 31. were nounded 2 to part of the second of the second the second of th THE PARTY NAME OF STREET

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, plet kecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to it have a director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be 1s, and for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Phelith, or its designated agent, prior to burial, cremation, or removal, and in any event within [2 pages after death.]

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0108 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01076

1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDE	NCE (Where decess		ıtlon: Residenc	e before edmission)
	Learnes C	ountymaryland	a. STATE	vland	b. COUNTY	ningo	George's
b. CITY OR TOWN (if outside cor write RURAL and give neeres	porete limits.	c. LENGTH OF STAY IN 1		(If outside corporete			
Riverdale		D.O.A.	Laurel		01		
d. NAME OF HOSPITAL OR INST	ITUTION (if not In hos	pitel, give street address)	d. STREET ADDRES:	S			a. IS RESIDENCE
Tolond Nome	mial Dan	n4 +-7	007 041	m			ON A FARM?
Leland Memo	First DOS	Middle Middle	223 9th				YES NO
DECEASED		Widdle	Last	4. DATE	Month	Dey	Yeer
(Type or print) Evere:		landolph	Smith	DEATH J	anuary	27.	1962.
S. SEX 6. COLOR	OR RACE 7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH	9. AG	GE (In years IF UN	NDER 1 YEAR	IF UNDER 24 HRS.
Male Whi	te WIDOWE		May 29,	1912 49	yrs. Mon	nths Deys	Hours Min.
10a. USUAL OCCUPATION (Give ki done during most of working life, ev	nd of work 10b. KI	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stet	e or foreign country)	1	2. CITIZEN OF	F WHAT COUNTRY?
Machinist		O Railroad	Monrel	5ma		TTILL	a a
13. FATHER'S NAME	1 200	o marridad	Maryl			UUR	3.A.
			14. MOTHER 3 MAIDER	NAME			
Richard Cley			Edith B	radford			
1S. WAS DECEASED EVER IN U.S. A (Yes, no, or unkown) (Ifyesgivewer)	RMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Addres 20	2 anni	wden Plac
No	71 001030130141007		Puber Wines	nd - Omd +			
18. CAUSE OF DEATH [Ente	r only one cause per li	ine for (e), (b), end (c),)	Ruby Virgi	HIR DUT!	ill, Lau	LeT INTE	A DETWEEN
PART I. DEATH WAS CAU	SED BY.						SET AND DEATH
IMMEDIATE (AUSE (e) A	cute carbon	monoxide	poisonir	10		
11/16 0	DUE TO				0		
Conditions, if eny, which	(b) S	moke from 1	Pi no				
geva rise to Immediate cause		moxe II om I	116				
(e), steting the underlying	DUE TO						
cause lest.	(c)						
PART II. OTHER SIGNIFICAN	IT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN	PART 1(e) 19	P. WAS AUTOPSY PERFORMED?
15						Y	ES NO TO
20a. EXTERNAL CAUSE WAS	20b. DESCRI	BE HOW INJURY OCCURED	(Enter neture of Injury In Pe	art I or Pert II of item	18.)		
PART II. OTHER SIGNIFICAN 208. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING U CAUSE OF DEATH.					31		
		unent of a	LACE OF INJURY (Home, far	t caught	on fi	re	
0 =	, Dey, Yeer 20d.	NJURY OCCURRED 206: F	LACE OF INJURY (Home, far actory, street, office bldg., at	m, 20f. (City or to	own	(County)	(State)
7:30 XXX 1/27	/ 19 62 et work	et work	actory, street, office bldg., at	Lau	rel P	. G.	Md.
21. I certify that I took	harge of the rem	ains described above.	held an Autopsy .	Inspection X		4.0	in my opinion
death resulted from: N			icide . Homicide			-	iii iiiy opiilioli
death resulted from:	initial causes [Accident 1		Land I	rmined manne	" [
	45		CHIEF MEDICAL	EXAMINER			
ACTUAL SIGNATURE	es) I.	1 Samo	M.D. ASSISTANT ME	DICAL EXAMINER		DF	ATE SIGNED
EXAMINERS		1.0	DEPUTY MEDICA	AL EXAMINER			
NAME (Type) JAN		YD, M. D.		city, town, or count	y) Decer	nber 2	28, 1962
22a. BURIAL, CREMATION, 22b. D.	ATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or co	ountry)	(Stete)
Durial 1/	31/62	And Ilia	l Cemetery	Kan	/	Mil	
23. FLINERAL DIRECTOR	1	ADDRESS		C'D BY REGISTRAR	24b. REGISTRA	R'S SIGNATUR	RE
10/11/11/11		2	17 11			S. Thurs	
- www.	macoza	n dannel	Med DATE	D = 02	COVERNIT	40. / (/WAALA	

and the second second 82 2 , 7 900 4 & R A Lagrant, at Fig 4 15 best would be STREET SERVICES THE CHARGE The state of the s A Walk of the form of the file of the second

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. OF DEATH Ttom 8 Film G305 2. USUAL RESIDENCE (Whare decaased livad, If institution; Residence bafore admission) 1. PLACE OF DEATH a. COUNTY Maryland MARYLAND George's County MARYLAND b. CITY OR TOWN IN c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and dive neerest town) Park Maryland College d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 7323 Radeliff YES NO X Prince George's Hospital completely 3. NAME OF Middle DECEASED (Type or print) DEATH 19 62 Smith Melvin 10-6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 9. AGE (In years | IF UNDER 1 YEAR | 5. SEX IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) and Months | Days 12-28-WIDOWED DIVORCED T physician 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? remove Gen Service Adm. done during most of working life, even if ratired) U.S.A. Freight Traffic 14. MOTHER SMATTER LOWN, Md. 13. FATHER'S NAME Hobbs Frank Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yes, no, or unknwn) | (If yes give war or dates of service) Beatrice Beall Smith (above address) 719-03-4013 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: nary IMMEDIATE CAUSE (a) Conditions, if any, gave risa to immadiate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? Diabetes Mellitus NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Oay, Yaar 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Not Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 1 - 10 1962 to 1 - 10 19.62 that (I) (we) last 22a. SIGNATURE 22b. DATE ATTENDING SIGNED Walde DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Moyers 3 Per-14 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) ក្ខខ្មុំនិ 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) DATE JAN 1 5 '62 15M 9/60

32010 Snafer Tellago Coores availed Ship Twis - Party land egi/SI Trim trifold 104: -3-01 Christian Crecking Colors of Colors to the mentage with The state of the s wid-or-solid Marter on Pedil Selici (Disores dilipone Samuel of Marie Marie Villament Success Fill Jan Fort Verescon "AL () WAS TO BE TO BE AND The state of the s

if filled in by the funeral s. Pages 1 and 2 should hours after death The law requires that the death certificate be executed within 24 hours after event, within 72 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected.

Page 4 may be retained by the hospital or attending physician.

If RAL DIRECTOR: After this certificate has been signed by the attending physician and complication, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page tiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 be filed TO HO TO I VR A15 (4) 15M 9/60

DIVISION	MARY OF STATISTICAL RESEA	CLAND STATE D			
	01087		TE OF DEAT		0107x
1. PLACE OF DEAT	гн		2. USUAL RESIDER		stitution: Residence before edmission)
PRINCE	GEORGES (if outside corporete limits,	MARYLAND c. LENGTH OF STAY IN 16	Ma. DISTRIC	T OF COLUMBIA	Prince Course's
write RURAL at	nd give nearest town)	c. LENGTH OF STAT IN IB	,	(If outside corporate limits, write R	.UKAL and give nearest town)
ANDREWS	AIR FORCE BASE PITAL OR INSTITUTION (if not in hos	28 MINUTES	/ WASHING		
USAF HO		pital, give street eddress)	d. STREET ADDRESS	THERN AVENUE SE	e. IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Type or print)	ANTHONY	Middle KURT	SOLLARS	4. DATE Month OF DEATH JANUARY	Day Year Y 4 19 62
S. SEX	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED K	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
MALE	CAUCASIAN WIDOWE		15 JUNE 196	last birthday) // / / / / / / / / / / / / / / / / /	Months Days Hours Min.
Ob. USUAL OCCUPA fone during most of w NONE 3. FATHER'S NAME	TION (Give kind of work rorking life, even if retired)	NONE	MARYLAND		12. CITIZEN OF WHAT COUNTRY UNITED STATES
			14. MOTHER'S MAIDEN	NAME	
	TH SYLVESTER SOLI		JOANN PE	NDLETON	
NO 18. CAUSE OF	(Ifyesgive war or dates of service) DEATH [Enter only one cause per I TH WAS CAUSED BY; IMMEDIATE CAUSE (a) PNET	NONE K ine for (a), (b), and (c).] JMONITIS, BILA			SAME AS ITEM #2 INTERVAL BETWEEN ONSET AND DEATH 8 HRS 2
Conditions, if ar gave rise to imme	diate cause	CHEOBRONCHITIS	, ACUTE		24 HRS
(e), stating the couse last.	OTI	TIS MEDIA, BIL	ATERAL, ACUT	E	48 HRS
	er significant conditions con	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	inal disease condition given	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING ☐ 20b. DESI G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	D. (Enfer nefure of injury in	Part I or Part II of Item 18.)	
20c. TIME OF INJ Hour a.m. p.m.		Not While fac	ACE OF INJURY (Home, far story, street, office bldg., et		(County) (State)
	that X (this hospital) attendased alive on 4 JANUAR				
22a. SIGNATURE	by D. Stepp	,		MED. STAFF DIRECTOR PHYS. X	226. DATE SIGNE 4 JAN 62
22c. PHYSICIAN': NAME (Type		Capt USAF MC	USAF HOSE	ANDREWS AFB,	MD
REMOVAL (Specify	HON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	
FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS Pleas	4. DC 25a. RE	· · · · · ·	TRAR'S SIGNATURE
2050	212164	mx 10 1)	4 1/6		

ANCHORY SULLARS STATUS THURS

15 JUNE 1961 SHILL ST

EXAMERING SYLVESTER SCLLARS TOANN SELECTION

PHEUMONITES, BILATERAL, ACUTE

TRACHEGUZONCHITES, NOUTE-

OTHER MEDIA, STLATSRAL, ACUTE

DISCOUNT VERBEAL ASSESS OF YEARSTER F.

HESTLEY D STEEP, COOK USAR NOT USAF BODE, ARDIEUS AFR, MD

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X LANGER

(1851N 18)

ARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01088 funeral 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Prince Georges the d Prince Georges MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Hvattxville davs Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS hoth Prince Georges General Hospital completely 4. DATE 3. NAME OF Month DECEASED (Type or print) DEATH George Sollers Jan 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) Months WIDOWED DIVORCED [White physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & State, or foreign country) done during most of working life, eyen if retired) 13. FATHER'S NAME please attending and Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 17. oval, (Yes, no, or unkown) | (Ifyes give war or dates of service) mo 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Dronchoppeumon1 IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY as 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | factory, street, office bldg., etc.) Not While While Hour a.m. at work at work DIRECTOR: 3 should be de 21. I certify that (I) (this hospital) attended the deceased from 17 22a. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mt. Rainier., Md. Hageage., TO FUNE director, be filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23c. REMOVAL (Specify)

VR A15 (4)

within



24 FUNERAL DIRECTOR'S SIGNATURE

256. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Year

19 62

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

DATE

(Stata)

SIGNED

YES INO

IF UNDER 24 HRS.

Day

ON A FARM? YES NO

25a. REC'D BY REGISTRAR DATE JAN 25 arthur S. Traus

Prepared Reconstruction of ESOID the state of the s A 2 3 The state of was person addition of the state of the state of I F War S Table 2 Control of Note 1 State 1 State 2 St DENELOPURED WEATON Andrews demand bearing and a completion of the 1-2 (-11/4-2 Fit distribution of the second of the fit of the fit

filled in by the funeral . Pages 1 and 2-should OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

RAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon page. Pages 1 and 3 million to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL TO F director, be filed

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before and

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)			
D C	B. STATE Maryland b. COUNTY Prince George			
b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1b				
write RURAL and give nearest town)	c. CITY OR TOWN (If ovilide corporate limits, write RURAL end	give nearest town;		
Riverdale 10 days	X Hyattsville			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADORESS	e. IS RESIDENCE ON A FARM?		
Leland Memorial Hosp	7500 Adelphi Rd.	YES NO DE		
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer		
(Type or print)	Spinles DEATH Jan.	9- 1962		
	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1			
Female White WIDOWED DIVORCED	12-27-88 last birthday) Months 1	Deys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	RY 11, BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY		
done during most of working life, even if retired)	Washington, D. C.	4,5,4		
Housewife At Home	14. MOTHER'S MAIDEN NAME	0110,4		
1 61 1 72.12.	14. MOTHER'S MAIDEN NAME			
6dward seal, ns	Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgive war or dates of service)	INFORMANT			
No None Unknown	Hospital Record			
18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	1118 2 1111/	ONSET AND DEATH		
IMMEDIATE CAUSE (e)	and feeler	Lycars		
DUE TO GENERAL	Medantalon			
Conditions, if any, which (b)	The transfer of the same of th			
geve rise to immediate cause				
(a), stering the underlying				
cause last. (c)	OT ALL TEN TO THE TEN THAT I DESCRIPTION OF THE PARTY OF	WALL ALITORSY		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?		
		YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of item 18.)			
OR CONTRIBUTING CAUSE OF DEATH				
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, † 20f. (City or town) (Cour	nty) (State)		
Hour e.m. WhileNot While fac	tory, straet, office bldg., etc.)	,		
Hour e.m. While Not While at work at work				
21. I certify that (I) (this hospital) attended the deceased from.	1938 to Jan 9 , 19	that (I) (we) last		
	t death occured at M, from the causes and on t			
22e, SIGNATURE	1-	22b. DATE		
- Willeller "	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1962 SIGNED		
22c. PHYSICIAN'S NAME (Type) L WM M2/17M	D 22d. ADDRESS merdale, 7	red		
23a. BURIAL, GREMOTION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county	(State)		
REMOVAL (Specify)				
Burial Jan. 12,1962 Congression	onal Cemetery Washington D	C		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D' BY REGISTRAR 25b. REGISTRAR'S S			
W. W. CHAMBERS CO. Riverdale May	ryland DATHAN 11 '62 arthur 8. 9	Traus		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDE	NCE (Where de	ceased lived, If	institution: Reside	nce before admission
e. COUNTY			e. STATE	2	b. COUN		
Prince George		MARYLAND c. LENGTH OF STAY IN 1b	Maryland			e George	
write RURAL and give nee	rest town)				1 0		
Cheverly		3 days	Seat Plea		La T		
d. NAME OF HOSPITAL OR IN	ASTITUTION (if not in hos	pital, give street address)	d. STREET ADDRESS	S	1		e. IS RESIDENCE
Prince George	s General H	ospital	520 - 681	th Stree	et '		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month		Yeer
(Type or print)	Albert		Spletter	DEATH			1962
5. SEX 6. COL	OR OR RACE 7. MARRIE	D K NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yeers lest birthdey)	IF UNDER 1 YEAR	
	ite widowi		Aug. 10, 189	00	7.1 yrs.	Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give	kind of work 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Co.	unty & Stete, or	foreign country)	-	OF WHAT COUNTRY
done during most of working life, Watch Repa			Nebraska			U	.S.A.
13. FATHER'S NAME	11.01		14. MOTHER'S MAIDE				
Unknown							
15. WAS DECEASED EYER IN U.S	. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	Unknown		Address	520-68	th Ct
(Yes, no, or unkown) (Ifyesgivev	1				_	220-00	on St.
yes WW	#1 u	nobtainabla	lice J. Sp.	letter-	Seat I	leasan	t, Md.
18. CAUSE OF DEATH [8	/V	line for (e), (b), end (c).	TU > 0			0	NITERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CO/LO MAR I CONCORDED							
332 × DUE TO							
Conditions, if eny, which							
geve rise to immediate cause	127						
(a), steting the underlying	DUE TO						
couse lest.) (c)						
Z PART II. OTHER SIGNIFIC	CANT CONDITIONS COL	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
ATIO							YES NO X
20a. ACCIDENT WAS UNDE	PLYING TI 1 20h DES	CRIBE HOW INJURY OCCUR	FD. (Enter nature of Injury i	in Pert I or Pert II	of item 18.)		
OR CONTRIBUTING CAUS	E OF DEATH	JOHN THOOK OCCOR					
	1			200 100		(6)	(6,-,-)
20c. TIME OF INJURY M	onth, Dey, Yeer 20d. While	t.	LACE OF INJURY (Home, fe actory, street, office bldg., e		or town)	(County)	(Stete)
ZOc. TIME OF INJURY M. Hour a.m.	19 et wo	1101 17 11110					
	(this hospital) atten	ded the deceased from	1/21	1962 10	1/24	196 2	that (I) (we) la
		19.6 2, and th					
saw the deceased aliv	e on	, and In	ar dearn occured ar	I IFOM	I lie causes	and on me	22b, DATE
Wax M.	Herzbe	rg	M.D. PHYS.	MED.	STAFF PHYS.		SIGNE
22c. PHYSICIAN'S			22d. ADDRESS				
NAME (Type)	x M. Herzbe	na	7016 Gr	reig Str	eet. Hi	llcrest.	Hgts. Md.
					ATION (City, to		(State)
23a, BURIAL, CREMATION, 23b REMOVAL (Specify)	DATE THEREOF	23c. NAME OF CEMETER	OK CHRIMA MUMICA				rinia
Burial 1	29/62	Arlington	National	WIT	ington	19 175	
24 FUNERAL DIRECTOR'S SIGN		ADDRESS	25e. R			GISTRAR'S SIGN	
The S. H. I	Hines Co.	Washington.	D. C. DATE	JAN 29'	62	Irthun S. 92	raises

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after in by the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou death. Page 4 may be retained by the hospital or attending physician.

TO FUNE! DIRECTOR: After this certificate has been signed by the attending physician and completely for the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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The S, H. Sines Co. Weshington, D. C. - Ide () in Elle f Man

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 be retained by the hospital or attending physician and completely filled in by the funance of the state DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funance of directly, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

01001

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01080

1. PLACE OF DEATH •. CQUNIY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)					
Prince Georges MARYLAND	MACYLAND b. COUNTY INCE GEORYES					
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)					
write RURAL end give neerest town)	101					
Cheverly 2 days	HYATTSUILE 36					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?					
Prince Georges General	8122-14 AUE, YES NO E					
3. NAME OF First Middle	Lest / 4. DATE Month Dey Yeer OF					
(Type or print) WILLIAM J. STRINBAUGH DEATH 1-14- 1962						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVEL MARRIED 8	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.					
MALE WHITE WIDOWED DIVORCED	7-28-01 60 yrs.					
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
priver Trucking	Cumburland, Md. U.S.a.					
13. FATHER'S MAME!	14. MOTHER'S MAIDEN NAME					
John Wm. Steinbaugh	Marrison					
	INFORMANT DA Address					
(Yes, no, or unknown) (Ifyesgivewerordalesofservice) 378-10-6338 7K	is . Durothy R. Steinhaugh (same as #2)					
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH					
IMMEDIATE CAUSE (a) 17 CM 12 CAS	were Interestation 3 really					
DUE TO						
Conditions, if eny, which (b)						
geve rise to immediate ceuse (a) station the underlying DUE TO						
(e), steting the underlying Couse lest.						
10)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CAUSE OF DEATH TO LIFE EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?					
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in Part I or Pert II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour e.m. While Not While fact p.m. 19 et work et work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour e.m. While Not While fact	tory, street, office bldg., etc.)					
p.m. 19 et work et work						
21. I certify that (I) (this hospital) attended the deceased from.	1AN: 12 1967 10 JAN 14 , 19.6 Heat (1) (we) last					
saw the deceased alive on A. A. 14 19.64 and that	death occured at					
22a. SIGNATURE	22b. DATE					
Masaner With	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.					
22c. PHYSICIAN'S	22d. ADDRESS					
NAME (Type) R.D.BRUER, IN.D.	Primer Georges Horaston, Whereston Mal					
230. AURIAL, GREMATION, 276. DATE THEREOF 23c. NAME OF CEMETRY	OR CREMATORY 23-1. (LOCATION (City, town or county) / (State)					
MOVAL (Spenty) - Leu- 17-1962 FL Loucale	Cemetery Bledeuxberry Rd. Md					
24 FUNERAL DIRECTOR'S SIGNATURE DORESS //	L Ma. REC'D BY REGISTRAR 25b. BIGISTRAR'S SIGNATURE					
X Author Walton 254 Deexall of	-2 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
The state of the s	CG DATE JAN 1 102 CARM & Thank					

Finds Early Townson may find Price Gray Charles - Halansing - 1 PULL THE ALL wice Georges Courant Contraction of the Steelings of the Steelings HALL WHILE DERECHE GOVERN Combinant, let. 11. 1 de Die Kan Stalken Mariager STELLES THE KNOTH ROBERSHAM CHINE IN THE and the same that the second track the same - A Market - Market - A Market - Market Buck the 17-142 of Lieber Contry Believer 2 -Between 12 the 27 the 27 more than 1 the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH b. COUNTY a. COUNTY a. STATE PRINCE GEORGES CIEORG MARYLAND MARYLAND RINCE c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 13 HOURS SUITLAND ANDREWS AIR FORCE BASE a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 5103 SUITLAND ROAD SE US AIR FORCE HOSPITAL 4. DATE Year Dey NAME OF Middle OF DECEASED DEATH 19 62 (Type or print) WILLIAM ALTON JANUARY STOWE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K last birthdey) Months Deys Hours 23 AUGUST 1951 10 yrs. CAUCASIAN WIDOWED DIVORCED [MALE. 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNITED STATES MARYLAND STUDENT NONE 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME MARY E LUCAS EDMUND LEON STOWE (DECEASED) Address 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewarordetasofservice) SAME AS ITEM #2 MARY E STOWE (MOTHER) NONE INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INTRACRANIAL IMMEDIATE CAUSE (a) DUE TO BELING STRUCK BY 13 HR HONIN Conditions, if eny, which gava rise to immediate cause DUE TO (a), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO · 20b. DESCRIBE HOW INJURY OCCURED. (Entar nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING A CAUSE OF DEATH 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) Not While While STREET at work et work 1962 to 23 UAN, 1962 that (1) (XXX) last 21. I certify that (this hospital) attended the deceased from 22 UAN, saw the deceased alive on 32 2 196, and that death occurred at A.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type USAF HOSPITAL, ANDREWS AIR FORCE BASE, MD JOSEPH R GOVI, Capt USAF MC 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Orthur S. Kraus

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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01094MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01085

•		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 6. COUNTY
		Prince Garges MARYLAND . STATE Maryland COUNTY Prince George
P	1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
V		write PURAL end give nearest town) 42 years 22 7 mg livelle
	1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A O. Is RESIDENCE
		5/20 Forestoole Rood 5/20 Farestoole Rood YES NOT
		NAME OF First Middle Last 4. DATE Month Day Year
		(Type or print) / 14/A Fetelle Suit DEATH January 18 1962
×	5.	1) PERSONAL PERSONAL PROPERTY AND
		Temale white WIDOWED DIVORCED DIVORCED No. 1890 7 yrs. Months Deys Hours Min.
		. USUAL OCCUPATION (Give kind of work ne during most of working life, even if refired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
		Housewife Own Home MATY AND U.S. 6
	13.	FATHER'S NAME 11. MOTHER'S MAIDEN NAME AND LL D. +
		Charles Harlman mon Estelle Hardestey
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT s, no, of unknown) (Ifyesgive werordetes of service)
		William Edwarf Acet, same as 2
		18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: ACUTE CON 9est I VE HEAFT FAILURE
		TO DUE TO
		Conditions, if eny, which \ (b) COVONAY / AFTERY DISEASE
		geve rise to immediate cause (a), stating the underlying DUE TO
1		cause lest. (c)
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	ATIC	PERFORMED? YES NO Z
	CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18.)
		PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, Hour a.m. While Not While factory, street, office bldg., etc.) (County) (State)
	MED	Hour a.m. While Not While at work 19 at work 19
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection K, Inquiry K, and in my opinion
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
		SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
)		EXAMINER'S DAMES T. BOYN Address (Street, city, town, or county) January 18,1962
-	22a	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME O CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
		Burial 1/21/62 Epiphany Cemetery Forestville Md.
	23.	FUNERAL DIRECTOR ADDRESS DET Marlboro 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	R	itchie Bros. Fun'l Home- Maryland. DATHAN 25'62 Outling & House

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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01005	CERTIFICA	IL OI DEAIII	Reg. Dist. N	lo.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased		efore admission)
PRINCE George	re MARYLAND	O. STATE MARY/AND	b. COUNTY PR	Geo
b. CITY OR TOWN (If outside carporate limits, write RURA); and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpore	te limits, write RURAL and give r	nearest town)
4.1/crest Hahrs	74RS	18 Hillere	257 Hah	75
d. NAME OF HOSPITAL (If not in haspital, give street add OR INSTITUTION	iress)	d. STREET ADDRESS	,	e. IS RESIDENCE
OR INSTITUTION 5819- ST. C/	AIRE DR	5819-87.C	AIRE DR.	YES NO NO
3. NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE OF DEATH	7	Day Year
-0111	NEVER MARRIED B	41110 AIC		AR IF UNDER 24 HRS.
Female WhiTe WIDOWED		July 31-1888	last birthday) Manths Day	
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIP during most of working life, even if retired)	D OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or fareign cau	ntry) 12. CITIZEN	OF WHAT COUNTRY?
HOUSEWIFE		Dr. C.	2	1.5 A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
John Keit	4 Ley	Charlotte	PEAK	, e
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, 50 [Yes, no. or unknown]	CIAL SECURITY NO. 17. IN	FORMANT	Address	
In yes, give war or datas or service)	Wi	MIAM SullivAN	5819- St.C.	AIR DR
18. CAUSE OF DEATH [Enter only one cause per line to	for (a), (b), and (c).]		10	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	thterioseles	istic Heart	Dis eus:	NSET AND DEATH
IMMEDIATE CAUSE (a)		7770 4007	2/3-3/	
	/1	1 /1 /-	1 1	
Conditions, if any, which (b) (b)	iner-allze	d strten	osclerosis	
cause (a), stating the under-				
lying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3 teart	Block			YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRED	. (Enter nature of injury in Part 1 or Part	l of item 18.)	
	IRY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm, 20f. (City of	or town) (Coun	ty) (State)
Haur a.m. While		ary, street, affice bldg., etc.)	(655)	iy) (Sidie)
21. I certify that I attended the deceased	from Use 195	9.19 to Jun	20, 196 2 that I last	saw the deceased
alive an 1 4 1 196	, and that death	1 /1 100	the causes and an the c	
9	, and mar dealin		et, city ar tawn, state)	DATE SIGNED
SIGNATURE Legue 9 Yulogy	Zuno		mi are SE	1-20-67
SIGNATURE ME TOURS	N			1-20-61
PHYSICIAN'S EUGENE J.	Yorko1=1=	MID, WASh.	<i>DE</i>	
220. BURIAL, CREMATION, 22b. DATE THEREOF 2 REMOVAL (Specify) 23-62	2c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATIO	ON (City flown, or county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS //	24a. REC'D BY REGISTR		TURE
Ammons Brus. 1661	Ash 26 %	DATE JAN 22	62	Kraug.

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		(Part nations - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		Total State of the	

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MADVIAND STATE DEDARTMENT OF HEALTH

		MAKILAND SIAIL DE	ANIMENT		
IVISION OF	STATISTICAL	RESEARCH AND RECORDS,	301 W. PRESTO	N STREET, BALTIMO	RE 1, MARYLAND
	01096	CERTIFICATI	OF DEATH	1	010

a. COUNTY	'H		2. USUAL RESIDEN	CE (Where daceasa		n: Rasidence	e befora admission)
Prince (deorge's	MARYLAND	Maryland	р	rince Geo	meoto	
b. CITY OR TOWN	(if outsida corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN				
Cheverly	d giva neerast town)	O down	Silver Hi	11 19			
	ITAL OR INSTITUTION (if not in	2 days	d. STREET ADDRESS				a. IS RESIDENCE
			4223 Silv	er Hill R			ON A FARM?
3. NAME OF	George's Genera	L Hospital Middle	Lest	4. DATE	Month	Day	Year
DECEASED				OF	Mollill	Day	
(Typa or print)	Daniel	E.	Thom	DEATH	January	11	19 62
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	B. DATE OF BIRTH	a last	E (In years IFUNDI birthday) Months		IF UNDER 24 HRS. Hours Min.
Male	White wind	OWED DIVORCED	January 9,	, 1962	yrs.	2	mui.
10a. USUAL OCCUPA	TION (Give kind of work orking life, even if ratired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cour	nty & State, or foreig	in country) 12.	CITIZEN OF	WHAT COUNTRY?
none	orking lifa, even if raffred)	none	Maryland	d	T	J. S. A	4
13. FATHER'S NAME			14. MOTHER'S MAIDEN			0.0.1	
Herbert	A. Thom Jr.		Zietta M	. Shriver			
	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address		
no no	(If yes giva war or dates of service)	none	Herbert A. 7	Chom Jr	Same as	#2 1	Fatherl
	DEATH [Enter only ona cause			THOMAS OF	Daile as	INTE	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: FE	etal Atelectasis				ONS	SET AND DEATH
7/	DUE TO						
Conditions, if an	y, which (b) Pr	lmonary Hyaline	Membrane Dis	ease			
gava rise to immad	diate cause						
(a), stating tha	D,	rematurity					
cause last.	(-)	CONTRIBUTING TO DEATH BUT N	OT BELATED TO THE TERM	INAL DISEASE CON	DITION CIVEN IN B	ADT 1/=\ 10	VAC ALITODOS
PARI II. OTHE	EK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	OT KELATED TO THE TERMI	NAL DISEASE CONL	OTHON GIVEN IN P.	AKT I(a) IS	PERFORMED?
3						Y	ES X NO
OR CONTRIBUTING	WAS UNDERLYING [20b. G [CAUSE OF DEATH Y MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURE	D. (Enter netura of injury in	Part I or Part II of its	am 18.)		
ZOc. TIME OF INJ	URY Month, Day, Year 2		ACE OF INJURY (Homa, far		own) {(County)	(State)
20c. TIME OF INJ Hour a.m.		ATTITUDE TO THE PARTY OF THE PA	ctory, street, offica bldg., etc	1.)			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	t work at work		1		/ -	
21. I certify	that (I) (this hospital) a	ttended the deceased from	1-9-6-2	19, to,/.		196	iat (I) (we) last
saw the decea	ased alive on1/11	1%2, and the	at death occured al.).: 05 from the	causes and o	n the da	
22a. SIGNATURE	1 - 10		ATTENDING A	M. s	TAFF		22b. DATE SIGNED
166	man les	mas	M.D. PHYS.		HYS.		
22c. PHYSICIAN'S			22d. ADDRESS	00	11/001	1 .	
DAME (Type	Dr. John P. D'	Angelo	4225	server	Helf	- CD.	Ľ.
	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	V (City, town of co	Hing to	on, Lorata C.
REMOVAL (Spacify	1/12/61	Mt. Olivet	Town t arms	Washing	ton	D. C	
24 FUNERAL DIRECTO		ADDRESS		C'D BY REGISTRAR	1	'S SIGNAT	URE
F. Gasch		ttsville, Md.			arthur		
		,	DATE J	AN 15'62	Circinal	A. Tual	Nuo 1

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIFIC	ATE	OF	DE	ATH

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	097	CEKTIFI	CAIL	OF DEATH				1	5()
1. PLACE OF DEATH o. COUNTY Prince	George's	MARYL		USUAL RESIDENCE (When STATE Msryla		lived. If institution b. COUNTY			orge's
b. CITY OR TOWN (If our RURAL ond give neares Hyattsville	st tawn)	c. LENGTH OF STAY IT	V 16	Hyattsvi			JRAL and giv	re nearest to	wn)
d. NAME OF HOSPITAL (OR INSTITUTION			1	d. STREET ADDRESS 3121 Mae	dison	Street		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Elizabeth	Patterso	n Tha	'homas	4. DATE OF DEATH	Mont Jan		Day 19,	Yeor 19 62
S. SEX female 6.	2 0 4	MARRIED NEVER MARRIED		ort 18, 187	1	9. AGE (In years last birthday) 90 yrs.	IF UNDER 1 Manths D	YEAR IF UN loys Hour	
10a. USUAL OCCUPATION (during most of working Housewife	Give kind af work dane life, even if retired)	10b. KIND OF BUSINESS OR Own Home	INDUSTRY	11. 8IRTHPLACE (State of Scotland		ountry) -	100	USA	COUNTRY?
13. FATHER'S NAME			14	. MOTHER'S MAIDEN N	AME	THE CHIL			
Robert T	urnbull			Christine	Patte	erson			
15. WAS DECEASED EVER IN			17. INFOR	MANT	4,72,7	Addr	ess		
(Yes, no, or unknown) (If ye	s, give war or dates of service)	none	Davi	d T. Thom	as sa	me as #2			
Canditions, if any, gave rise to immucouse (o), stoting the lying cause lost.	ediote (Senile AT	erion	clesores.	Here	er Seye	L	15	year
САТІС		DNS CONTRIBUTING TO DEA			10		EN IN PART	PER	S AUTOPSY FORMED?
	CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Er	nter nature of injury in P	ort 1 or Pari	t II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.	. v	Od. INJURY OCCURRED While Not while t work ot wark	foctory,	OF INJURY (Home, farm, street, office bldg., etc.)		(Co	ounty)	(Stote)
21. I certify that (I sow the deceased	-	tended the deceased f		19 h occurred at	63	19 JAN the causes on			(we) lost ed obove.
220. SIGNATURE	Blu	elen	M,D,	ATTENDING ME	D. RECTOR	STAFF PHYS.			22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	1, 13. Q	UEEN		74KU4	~	PALK	4 we	d.	
230. BURIAL, CREMATION, BUTTAL Specify)	23b. DATE THEREOF 1/22/62	23c. NAME OF CEME Laurel Hi		EMATORY	-	CON (City, town, on aconing,	or county)	Md	tote)
24. FUNERAL DIRECTOR'S SI Franics Gas		ADDRESS Hyattsville, 1	Md.	25a. REC' DATE	BY REGIST		TRAR'S SIGN	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be, to have be hapful or attending physician.

TO FUNE. DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 is 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hay ofter death. VR A15 (4) 1SM 9/59

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH director. Page r your files. and of Health, e. COUNTY Prince George's b. COUNTY Prince George's MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Oxon Hill Oxon Hill vears S d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? any delay 7224 Fort Foote Road YES NO X Fort Foote Road may be retained 2 with the State in pencil in Item 18. Give Pages 1, 2, and 3 to the fund Office along with form PM3. Page 5 may be retained NAME OF Middle DATE Dey DECEASED OF Arkhur Edward Turgeon 62 January DEATH (Type or print) 19 affer 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. 5 m. and 2 w. November 19,1907 Monthsi Male White WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Restaranteur Food Pennsylvania U.S.A. pages 1 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elizabeth Appleyard Joseph Turgeon event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) (If yes give war or detes of service) Wanda Turgeon, same 2.8 certificate should be executed 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN Medical Examiner's Office along valued be used as a burial-transit is should be used as a burial-transit in the control of the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Cardiovascular renal disease Conditions, if eny, "pending" geve rise to immediate cause DUE TO (e), stating the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? the certificate, writing the word Diabetes of twenty years XXXXXXX duration

CAUSE WAS | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) NO T 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20f. (City or town) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form,) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 3 Inquiry and in my opinion MEDICAL Undetermined manner Suicide Homicide death resulted from: Natural causes Accident ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 1/15/62 DEPUT **EXAMINER'S** James I. Boyd NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) OH 240 g 24b. REGISTRAR'S SIGNATURE VS. AISME athun S. Krous DATE AN 16 SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY PRINCE GEORGES MARYLAND MARYLAND PRINCE GEORGES b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) 12 DAYS ANDREWS AIR FORCE BASE OXON HILL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K US AIR FORCE HOSPITAL 7800 LIVINGSTON ROAD NAME OF Middle 4. DATE DECEASED OF (Typa or print) DEATH 22 JANUARY 19 62 PATRICIA WOLCOTT WARD 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Hours 7 MARCH 1924 WIDOWED [CAUCASIAN DIVORCED [FEMALE 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad HOUSEWIFE UNITED STATES **MASSACHUSETTS** NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWIN A WOLCOTT LILLIAN H FARNAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give wer or detes of service) RAYMOND A WARD (HUSBAND) SAME AS ITEM #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN rentricular Hardstill secondary to diabetes & renal Lailure ONSET AND DEATH PART I. DEATH WAS CAUSED BY-30 minule IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gava risa to immedieta cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES K NO 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, Month, Day, Yeer 2Df, (City or town) (County) (State) factory, streat, office bldg., etc.) Not While Hour a.m. at work et work 21. I certify that (1x (this hospital) attended the deceased from 10... JANUARY..., 19.62 to 22... JANUARY..., 19.62, that (1) (1x) last saw the deceased alive on 22 JANUARY 19 62, and that death occurred at 735 M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. X PHYS. M D 22c. PHYSICIAN'S 22d. ADDRESS GRAHAM, Capt USAF MC USAF HOSP, ANDREWS AIR FORCE BASE, MD 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR | 25b / REGISTRAR'S SIGNATURE DAIAN 2 5 '62 Cirthur S. France

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01101 U 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY PRINCE GEORGES MARYLAND DISTRICT OF COLUMBIA by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) P ANDREWS AIR FORCE BASE 2 HRS 19 MIN WASHINGTON .⊑ ` filled ir Pages a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) A STREET ADDRESS ON A FARM? YES NO XX 1322 SAVANNAH STREET MS AIR FORCE HOSPITAL 3. NAME OF DATE executed Middle DECEASED OF pap DEATH 28 19 62 (Type or print) WATT, INGTON .TANUARY JOHN. HUGH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Min. 19 and 28 JANUARY 1962 CAUCASIAN MALE WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) PRINCE GEORGES, MARYLAND UNITED STATES NONE NONE 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ding EDNA A BUTSCHEK THOMAS B WATLINGTON D. 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? atten (Yes, no, or unkown) | (If yes give war or dates of sarvice MEDICAL RECORDS, USAF HOSPITAL ANDREWS, AFB, MD NONE NO INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PULMONARY ATELECTASIS 2 HRS 19 MIN IMMEDIATE CAUSE (a) signed DUE TO 2 HRS 19 MIN MARKED LARYNGEAL EDEMA Conditions, if eny, which gave risa to immediate cause has L buri DUE TO (a), steting the underlying 2 HRS 19 MIN PREMATURITY AND IMMATURITY the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? S O YES NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (XXXXXXX) attended the deceased from 28 JANUARY 19.62 to 28 JANUARY 19.62 that (I) XX) last DIRECTOR: saw the deceased alive on...28 JANUARY 19.62, and that death occured at 1054P from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE MED STAFF SIGNED ATTENDING 28 JANUARY DIRECTOR PHYS. PHYS. MD 22d. ADDRESS 22c. PHYSICIAN'S USAF HOSPITAL, ANDREWS AFB. MD Capt USAF MC 23d. LOCATION (City, town or county) (State) 23c NAME OF CEMETERY OR CREMATORY SH 23b. DATE THEREO 23e. BURIAL, CREMATION, REMOVAL (Specify) H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 1 '62 arthur & Kroge 15M 9/60 205027216

MARYLAND STATE DEPARTMENT OF HEALTH

MS AIR FORCE HOSPITAL

PORT PRINCE GRORGER, MARYLASD UNITED STATES

DOUG MENTONS REPORDED, USAF BORGETAL ANCRESS, AND DELL'AND DELL'AN

AMERIC LARYWILL GERTAL

PERMITARET CHA YELHUTAHERY

PERSONAL 28 JAHUARY 62 28 JAHUARY 62 28 JAHUARY 62 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	01100	CERTIFIC	ATE OF DEATH		Reg. Dist.	No. 01093
1.	PLACE OF DEATH 02102 o. COUNTY Prince George	MARYLAND	2. USUAL RESIDENCE (Whe	b. CO	nstitution: Residence DUNTY NCO GOOT	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou			
L	Hvattsville	2 vrs.	66 East Riv	verdale		1 1
	d. NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION	ddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	Madison Manor Nursin	g Home	6143 - 6	64th Ave.		YES NO
3.	NAME OF First DECEASED (Type or print)	Middle G	Webster	4. DATE OF DEATH	Month Jan. 6	Day Yeor
S.	SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		EAR IF UNDER 24 HRS.
	Female White WIDOWE	DIVORCED [1/3/1880	lost birth 82	yrs. Months Do	bys Hours Min.
100	 USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired) 	CIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZE	N OF WHAT COUNTRY
		reau of Eng	raving Wa	ash.,D.C.	100	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
	William Bartho	lme	Unknow	n		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT		Address	
	No.	None M	rs.Estelle	E. Gold	6143- 64	
Г	18. CAUSE OF DEATH [Enter only one couse per line	e for (a), (b), and (c).]			E. Haver	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the under-lying cause last. (c)		ED ARTE		SEASE	ONSET AND DEATH
ŏ.	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	ON GIVEN IN PART 1	o) 19. WAS AUTOPSY PERFORMED?
3	DIABETE	5 MELL	1705			YES NO NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ort I or Part II of item 1	8.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While at work	_ Not while fo	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(Cou	nty) (State)
	21. I certify that I attended the decease alive an JAIV. 4 , 19 6 ACTUAL SIGNATURE HAROLD F NAME (Type)		occurred at #15/		ses and an the	
220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, 1		(Stote)
23	Burial 1/10/1962 FUNERAL DIRECTOR'S SIGNATURE	Arlington A				ginia
-	Maller & Home	5200-	R.I. 24a. REC'D		REGISTRAR'S SIGNA	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page may be retained by the haspital ar attending physician.

TO FUND AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3.

Jold be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/SS

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FOR STATE HEALTH DEPI y is necessary, director. Page or your files. of Health, TO DEPUTA MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease exist the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2200					- 61	1 () () //	
1. PLACE OF DEAT	H				NCE (Where decessed lived		nce before admission)	
	nce George	2 C	MARYLAND	a. STATE Marvl		rince Ge	on co c	
b. CITY OR TOWN	(if outside corporete limi	ts,	c. LENGTH OF STAY IN 16		(If outside corporete limits,		e nearest town)	
Cheve:	d give nearest town) ਅਹੇ ਵ		7 Months	38 Hyatt	sville			
	ITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS			e. IS RESIDENCE	
10000	orda Conva	Jenn	e Home	5140 F	lintridge I	and tro	YES NO X	
3. NAME OF	First	3 L CII C	Middle	last		onth Dev	1 Land display	
(Type or print)	Fatha		T 0	Mandan	OF DEATH Dan	- 11	1 +	
5. SEX	Esther	7 14 4 0 0 15 0	Lorraine	Weedon 8. DATE OF BIRTH	9. AGE (In ye	ars LIF UNDER 1 YEAR	19 6 2	
					last birthda	(y) Months Devs	Hours Min.	
Fem.	White	WIDOWED	DIVORCED	Dec. 29,18				
done during most of w	orking life, even if retire	d)					OF WHAT COUNTRY	
Housew:	LIE		At Home	Virgi		U.	S. A.	
				14. MOTHER'S MAIDEN	NAME			
Unkno				Unkno				
	ER IN U.S. ARMED FOR		OCIAL SECURITY NO. 17.	INFORMANT	Add	ress		
No			None Ju	lian M. We	edon San	e as #2		
	DEATH [Enter only one	ceuse per lin	ne for (a), (b), and (c).]				TERVAL BETWEEN	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (e)	Acu	ite congest	ive heart 1	failure		NSET AND DEATH	
DUE TO								
Conditions, if ony, which (b) Coronary artery disease								
geve rise to Immed	lete cause			0-1				
(e), steting the cause lest.	inderlying (c)							
		IONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY	
OITA		1				(-)	PERFORMED?	
PART II. OTHE	AUSE WAS 20	Db. DESCRIB	BE HOW INJURY OCCURED.	(Enter nature of Injury in Pe	ort I or Part II of item 18)	-	YES NO	
	ONTRIBUTING							
20c. TIME OF INJU	JRY Month, Day, Yes	r 20d. IN While		ACE OF INJURY (Home, for ctory, street, office bldg., et		(County)	(State)	
₹ p.m.	19	at work	1401 1111110					
21. I certify t	hat I took charge o	f the rema	ins described above, h	neld an Autopsy .	Inspection X. Inc	uiry X. and	in my opinion	
death resulted	from: Natural ca	uses 🗙	Accident , Sui	cide . Homicide	, Undetermined	manner		
	Λ		0	CHIEF MEDICAL	EXAMINER			
ACTUAL	(1)	, 9	1 Jan D	ASSISTANT ME	DICAL EXAMINER		DATE SIGNED	
SIGNATURE	year.		7 19	DEPUTY MEDICA				
NAME (Type)	James I.	Boyd			city, town, or county)	January :	28,1962	
220. BURIAL, CREMATIC	ON, 226. DATE THERE		22c. NAME OF CEMETERY		22d. LOCATION (City, to	wn, or country)	, (Stete)	
REMOVAL (Specify	Jan. 31	62	Oak Hro	ve	Colonial	Beach	7a	
23. FUNERAL DIRECTO	R	- 7	ADDRESS	24a. RE	C'D BY REGISTRAR 24b. 1	REGISTRAR'S SIGNAT	TURE	
Malley	& French	ras	2 Home	Price DATELA	N 3 1 '62	when I Tran	4	
			1011-11	TOATUR	18 2 2 02 1 0	JOHN JE. PUNC	And .	
1	n/ Va	AMAD	1- 501					

T SS DETERMINED TO THE PARTY OF the Int Super everyes not supply and and THE PERSONNEL SEPTEMBER Tame Valley " From 31/62 and theore Colonies denche " or Michell Leaves of House Jacon white TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. And a hard by the hospital or attending physician.

TO FUIL AL DIRECTOR: After this certificate has been signed by the attending physician and complete and the inequal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper, ages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 1SM 7/61

MA	RYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W. PRESTON STREET, E	BALTIMORE 1, MARYLAND
01104	CERTIFICATE OF DEATH	01095

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
CINCE GEOGGE MARYLAND	e. STATE nd b. COUNTY Prince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Lourel 28 days	DI Lourel
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Leland Memorial Hosp	1031 Ward St YES NO A
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Gustavus W.	hitekeed DEATH Jan 14 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male White WIDOWED DIVORCED	May-6-1874 87 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Ketired	Maryland Z.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gustavus Whitehead	Mary Merson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give were references of service)	INFORMANT
	Hospital Record
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	
O O X DUE TO NO.	
Conditions, if any, which (b)	alludis
gave rise to immediate cause (e), stating the underlying DUE TO	1 1 20 0 1
cause last. (c) MILLIMALIA (l)	1 wister While Elles hutter
PART II. OTHER SIGNIFICANT CONDITIONS CONTUBUTING TO PEATH BUT NO	PT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED 1
PAKT II. OTHER SIGNIFICANT CONDITIONS COMPRESSING TO PEATE BUT NO	YES NO D
	O. (Enter nature of injury in Pert I or Pert II of item 1B.)
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. P,m. 19 While Not While at work at work	tory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1950, 19 , raculy U , 196 , that (1) (me) last
	t death occured 3
222 SIGNATURE	ATTENDINA MED. STAFF 22b. DATE
Karrit a Win ! : ees M	A.D. PHYS. DIRECTOR PHYS. DAM PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
KOBERT C. WINGFIECD	Laurel Ind.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Surial 1/16/62 Jan Hill	Cemetery Laurel Mid
24 FUNERAL DIRECTOR'S SIGNATURE APPRESS	25a. REGIO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Kellitt Karealdran Kaurel	Mal DATE MAN 9 8 62 arthur S. Thous

with the second second

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO F. RAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages: Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after deather VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	Prince Ge	eorge's		MARYL	AND	e. STATE	170	ITYI	decessed lived, If and b. coun	ITY /	. Gear	9 4
	b. CITY OR TOWN write RURAL or Chever]	(if outside corporete limite ad give neerest town)	5,	Since 1/13		c. CITY OR TO	OWN (If ou	itside co	porete limits, write	RURAL end s	ive neerest to	wn)
	d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hosp	ital, give street addres	s)	d. STREET ADD				7 0		RESIDENCE
	Prince (George's Gene	eral			Cheve	erly,	Md.				NO X
3.	NAME OF DECEASED	First		Middle		Last	4.	DATE	Mont	1	Dey Ye	or
	(Type or print)	Sadie		н.		Whitney		DEAT	H Janua	ry 2	6 19	62
5.	F	6. COLOR OR RACE	7. MARRIED			9/13/78			9. AGE (In years last birthdey)	Months De		R 24 HRS.
10a	. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired	1Db. KIN	ND OF BUSINESS OR II	NDUSTR	Y 11. BIRTHPLACE	(County &	Stete, o	or foreign country)	12. CITIZI	EN OF WHAT	COUNTRY?
	Reti					Pennsy	lvan	iia			U.S.	
13.	FATHER'S NAME					14. MOTHER'S MA	AIDEN NAA	ME				
	John V	hitney				Merin	ida M	loye	er			
		VER IN U.S. ARMED FORCE		OCIAL SECURITY NO.	. 17. I	NFORMANT			Address			
,	Yes	(11) 03 2 1 1 0 10 10 10 10 10 10 10 10 10 10 10		none		Miss De	ss W	hit	mey -	siste	r	
		DEATH [Enter only one	ceuse per lin	ne for (e), (b), end (c).	1						INTERVAL BI	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)		Congesti	ve	heart fail	lure				2 ho	
		DUE TO										
	Conditions, if er			Arterios	scle	rotic hear	rt di	seas	se		Years	3
	geve rise to Imme (e), stating the	DIST TO										
	cause lest.	(c)										
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDIT	ONS CONT	RIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMINAL	DISEASE	E CONDITION GIV	EN IN PART 1		AUTOPSY DRMED?
	OR CONTRIBUTING	YAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	2Db. DESC	RIBE HOW INJURY O	CCURED.	(Enter neture of inju	ury in Part I	l or Part	II of item 18.)		1/18	
MEDICAL	20c. TIME OF INJ Hour e.m.		20d. IN While et work	Not While		CE OF INJURY (Homory, street, office bld	e, farm, 2 g., etc.)	2Df. (Ci	ity or town)	(County	()	(Stete)
		that (I) (this hospital	al) attende	d the deceased 1-26-62, and	from	1/13/62 death occured	19. at 12.	OCT TO	1=26	, 1962 and on the	, that (I)	(we) last
	226. SIGNATURE	10157011	11:	Laurin	М.	ATTENDING	MED.	A. Bie	STAFF PHYS.	SX 1111	22	52 SIGNED
	22c. PHYSICIAN'S	V	Lauri	in, M. D.	M.	22d. ADDRES	5	rn A	lvenue, W	lash. 1		
	BURIAL, CREMA	TION, 236. DATE THERE	OF	Lacey		OR CREMATORY		3d. LO	cation (City, to)	vn or county)	(:	State)
24	FUNERAL DIRECTO	R'S SIGNATURE	Vas	L D. C.			REC'D B	Y REGIS	STRAR 256. REC		SNATURE	10171
_							-					

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Well satured Lyonge, Mann. 28, D. W.

Sa-68-I garagay

Angus W. In Laures, D. D.

FOR STATE HEALTH DEPT. ilay is necessary, lirector. Page or your files. Board of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease example the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 12 pers after death.

VS. AISME Y 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF THE PROPERTY OF THE PROPER 01106

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaasad livad, If institution: Rasidanca before admission)
Prince Georges MARYLAND	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Clinton 15 minutes	X Dec and and a 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	Brandywind d. STREET ADDRESS 8. IS RESIDENCE
	ON A FARM?
S outhern Maryland Medical Cent	
3. NAME OF First Middle	Last 4. DATE Month Day Yaar
(Typa or print) William Ray Wil	lett DEATH January 16 19 62
The same of the sa	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Oct. 24,1916 45 yrs.
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during nost of working life, even if retired) General	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Willett	
	Florence Hibbert
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II. (Yas, no or unkown) (Ifyasgivawarordatasofservice)	TOZO Lacey Avenue
NO 706-07-7603 E	velyn Sievert, Suitland, Md.
18. CAUSE OF DEATH [Entar only one causa par lina for (a), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: JAMMEDIATE CAUSE (a) Hepatic:	failure ONSET AND DEATH
G × I A	
DUE TO Ci mahori	s of the liver
Conditions, if any, which gave risa to immadiata cause	s of the liver
(a), stating the undarlying DUE TO	
causa last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ATI	PERFORMED? YES NO C
208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (E	nter natura of injury in Part I or Part II of itam 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA: Hour a.m. p.m. 19 at work at work	ry, streat, office bldg., atc.)
21. I certify that I took charge of the remains described above, he	d an Autopsy, Inspection Inquiry and in my opinion
death resulted from: Natural causes X, Accident , Suici	de, Homicide, Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL GAMES ! Janol	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE (STATE OF THE STATE O	
NAME (Typa) James I. Boyd	Addrass (Straat, city, town, or county)
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
BURIAL 1-19-62 IMMANUEL	METH. BADEN, MARYLAND
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The HUNTT FUNERAL HOME, WALDORF, I	MD. DAJAN 2 2 '62 arillar S. Kraus

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THE PARTY OF THE STREET AND ASSESSED FOR THE STREET AND THE WORLD THE STREET, B.

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SERTAL 1-19-03 INDERVEL METH BADERS MARKINGE

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The Heart Fineda Hone Wasser no.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bafora admission) e. COUNTY a. STATE b. COUNTY PRINCE GEORGES PRINCE GEORGES the 1 MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) pue P wrife RURAL and give neerest town) within 24 <u>_</u> ANDREWS AIR FORCE BASE 22 HOURS ages ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? US AIR FORCE HOSPITAL 7316 84th YES NO 3. NAME OF DATE Middle Month Yeer DECEASED pape OF DARIN (Type or print) RODNEY WILLIAMS DEATH 19 62 JANUARY withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED carbon 5 SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Deys Min. MALE CAU JANUARY WIDOWED DIVORCED 22 physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) NONE NONE PRINCE GEORGES. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .= attending SAMUAL G. WILLIAMS and ROSE M. BUNDY Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give we ror detes of service) NO SAMUAL G. WILLIAMS JR(FATHER) NONE signed by the 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: MIN IMMEDIATE CAUSE (e) burial-transit DUE TO attending peen Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying has ceuse last. the 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY certificate NOL hospital PERFORMED? as 0 NO T YES TY use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH this detached After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (County) (Slata) 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. DIRECTOR: 21. I certify that XI) (this hospital) attended the deceased from 23...JANUARY., 19.62 to 24...JANUARY 19.62, that (I) (Xe) last plnods saw the deceased alive on 24 22e. SIGNATURE 22b. DATE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. JANUARY 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) ARNOLD USAF HOSPITAL, ANDREWS G. BRODY. CAPT.. USAF MC AIR FORCE BASE FUN 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) Cremation D.C. Morgue (Washington) 19 and E Streets. F 5 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATEJAN 2 6 '62 Orthur S. Thank 15M 9/60 2050285165

MARYLAND STATE DEPARTMENT OF HEALTH

English Harth L. C.

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THE LEVILLE WATER OF SILES WHEN

1108	CERTIFICAT				03	ngg
PLACE OF DEATH o. COUNTY	TA TOTAL	2. USUAL RESIDENCE		ved, If instituti COUNTY	on: Residenc	e before admiss
	MARYLAND					/
Prince George's b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR FOWN (I	f outside corporate limi	ts, write RURA	L end give n	eerest town)
write RURAL end give neerest town) Cheverly	l dav	Augusta			+9	X . 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS				e. IS RESIDE
Prince George's General	Hoenital	1221 B S	treet			YES NO
NAME OF First	Middle	Lest D D	4. DATE	Month	Day	Yeer
DECEASED (Type or print)			OF DEATH T.		זר	19 65
PODGAR		illiams . DATE OF BIRTH	Ų č	muary n yeers IF UNI	DER 1 YEAR	19 62 IF UNDER 24 H
SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	. DATE OF BIRTH	lest birt			Hours Mi
Male White WIDOW		10-27-95	66	yrs.		
e. USUAL OCCUPATION (Give kind of work needuring most of working life, even if retired)	KIND OF BUSINESS OR INDUST	Y 11. BIRTHPLACE (Coun	ty & State, or foreign c	ountry) 12	. CITIZEN O	WHAT COUN
	MBER MILL	GEORG	14		US	54
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
ANDREW WILLIAM	S	レルスノミ	TODI			
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.			Address	*	
es, no, or unkown) (Ifyes give wer or detes of service)	50-21-0518	MRS ALTON F	ROGERS :	2806		K EAX
18. CAUSE OF DEATH [Enter only one cause per		11.10/12/01		DILLO		ERVAL BETWEE
	line for (a), (b), and (c).]					
	, 0	1	190		ON	SET AND DEAT
PART I. DEATH WAS CAUSED BY:	, 0	cular ace	rolen 8		ON .3	SET AND DEAT
PART I. DEATH WAS CAUSED BY:	, 0	cular acc	iplen 9		ON .3	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) C	, 0	enler ace	rolent		ои 3	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate ceuse	, 0	enkr ace	ident		3	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) C DUE TO	, 0	euler ace	rolent		3	
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate ceuse (e), stelling the underlying DUE TO	rebral vas		NAL DISEASE CONDITI	on giyen in	PART 1(e) 1	o hr
PART II. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	rebral vas	OT RELATED TO THE TERMI			PART 1(e) 1	9. WAS AUTO
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMII	Pert I or Pert II of item	18.)	PART 1(e) 1	9. WAS AUTO
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	NTRIBUTING TO DEATH BUT NO. SCRIBE HOW INJURY OCCURED INJURY OCCURRED 200. PL. INJURY OCCURRED 100. PL. Tec.	OT RELATED TO THE TERMII O. (Enter nature of injury in	Pert I or Pert II of item	18.)	PART 1(e) 1	9. WAS AUTO PERFORME (ES NO)
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	SCRIBE HOW INJURY OCCURED INJURY OCCURRED Pork of While of work of work	OT RELATED TO THE TERMIN O. (Enter nature of injury in ACE OF INJURY (Home, ferr tory, street, office bldg., etc	Pert I or Pert II of item n, 20f. (City or town	18.)	PART 1(e) 1	9. WAS AUTO PERFORME (ES NO)
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	SCRIBE HOW INJURY OCCURED INJURY OCCURRED INDURY OCCURRED INDURY OCCURRED INDURY OCCURRED Industry of While Industry of W	OT RELATED TO THE TERMING. (Enter nature of injury in ACE OF INJURY (Home, ferr tory, street, office bldg., etc	Pert I or Pert II of item 1, 20f. (City or town)	1B.) i)	PART 1(e) 1' (County) (7)	9. WAS AUTO PERFORME (ES NO)
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	SCRIBE HOW INJURY OCCURED INJURY OCCURRED INDURY OCCURRED INDURY OCCURRED INDURY OCCURRED Industry of While Industry of W	DT RELATED TO THE TERMIND. (Enter nature of injury in ACE OF INJURY (Home, ferr tory, street, office bldg., etc	Pert I or Pert II of item 20f. (City or town 152, to	18.)) -15,	PART 1(e) 1' (County) (7)	9. WAS AUTO PERFORME (Steh
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	SCRIBE HOW INJURY OCCURED 100 PL. INJURY OCCURRED 100 PL. Indeed the deceased from 119	OT RELATED TO THE TERMII O. (Enter nature of injury in ACE OF INJURY (Home, ferr tory, street, office bldg., etc.) I death occured at	Pert I or Pert II of item 20f. (City or town 182, to	18.)	PART 1(e) 1' (County) (7)	9. WAS AUTO PERFORME (ES NO)
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	SCRIBE HOW INJURY OCCURED 100 PL. INJURY OCCURRED 100 PL. Indeed the deceased from 119	OT RELATED TO THE TERMINO. (Enter nature of injury in ACE OF INJURY (Home, ferr tory, street, office bldg., etc.) 1 death occured at ATTENDING PHYS.	Pert I or Pert II of item 20f. (City or town 152, to	18.)	PART 1(e) 1' (County) (7)	9. WAS AUTO PERFORME (ES NO) (Stein
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	SCRIBE HOW INJURY OCCURED 100 PL. INJURY OCCURRED 100 PL. Indeed the deceased from 119	DT RELATED TO THE TERMINO. (Enter nature of injury in ACE OF INJURY (Home, ferr tory, street, office bldg., etc.) 1 death occured at ATTENDING PHYS	Pert I or Pert II of item 182, to	18.)	PART 1(e) 1' (County) (7)	9. WAS AUTO PERFORME (ES NO) (Stein
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO	SCRIBE HOW INJURY OCCURED 100. PL. 100. While of work 100. 100. 100. 100. 100. 100. 100. 100	ACE OF INJURY (Home, ferrory, street, office bldg., etc. 1 death occured at.3 ATTENDING PHYS. 22d. ADDRESS	Pert I or Pert II of item 182, to	15	(County) (County) (County)	9. WAS AUTO PERFORME (ES NO: (Steh- hat (I) (we) ate stated ab 22b. DA 516 1-15
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e)	NTRIBUTING TO DEATH BUT NO. SCRIBE HOW INJURY OCCURED. INJURY OCCURRED 20e. PL. fee or work et work 19	OT RELATED TO THE TERMINO. (Enter nature of injury in ACE OF INJURY (Home, ferr tory, street, office bldg., etc.) ATENDING PHYS. 22d. ADDRESS ATENDOL OF CREMATORY.	Pert I or Pert II of item 182, to	is.	(County) (County) (County)	9. WAS AUTO PERFORME (Steh hat (I) (we) site stated ab 22b. DA (Stete) (Stete)
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO	NTRIBUTING TO DEATH BUT NO. SCRIBE HOW INJURY OCCURED. INJURY OCCURRED 20e. PL. fee or work et work 19	ATTENDING PHYS. 22d. ADDRESS OR CREMATORY ARK	Pert I or Pert II of item 182, to	auses and	(County) (County) (County) (County) (County) (County) (County) (County) (County) (County)	9. WAS AUTO PERFORME (Steh hat (I) (We) ate stated ab 22b. DA SIG

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

VISION OF STATISTICAL	RESEARCH AND	KECOKDS,	301 M	. PRESION
01109	CERT	IFICATE	OF	DEATH

1	J	1	1	1	1)	

1. PLACE OF DEATH a. COUNTY		L RESIDENCE (Where dece	b. COUNTY	idence before edmission)
	MARYLAND No. STA	rland	Prince Ge	enrae la
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	100	Y OR TOWN (If outside corpora		
d. NAME OF FIOSPITAL OR INSTITUTION (if not in hospital, give st	r. 10 Min.Rive	erdale		a. IS RESIDENCE
main a service Council II maile	600	1.2-4 C+		YES NO NO
Prince George's General Hospita	Aiddle I	est 4. DATE OF	Month	Dey Yeer
	B• Wilson	DEATH		21 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED 8. DATE OF		AGE (In years IF UNDER 1 YE	
F White WIDOWED T	DIVORCED JUNE	7 18:15	86 yrs.	
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratirad)	NESS OR INDUSTRY 11. BIRT	HPLACE (County & State, or fo		N OF WHAT COUNTRY?
Housewike at 14	t me	inna	6	1. S. A
13. FATHER'S NAME	14. MOTH	IER'S MAIDEN NAME		
Un karana		Unknows	1	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORMA	NT h	Address	1 P./
(Yes, no, or unkown) (If yes give we ror detes of service)	20 Robertu	1. Wilson 78	411 chyzoda	En la la
18. CAUSE OF DEATH [Enter only one cause per line for (e), (ded (a)	cn	uny chase,	INTERVAL TWEEN
PART I. DEATH WAS CAUSED BY:	ol' and (c).	1-	,	ONSET AND DEATH
IMMEDIATE CAUSE (a)	yelled Jago	rychan		- 1 Alyren
DUE TO T	21	1		4.
Conditions, if any, which	on throw	me		/ Mynn
geve rise to immadiate cause	1			
(e), staring the underlying	in divien	alburreleso	242	year
(0)	TO DEATH BUT NOT BEVATED	TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1	e) 19. WAS AUTOPSY
PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEPTITE OF NOT REALED	TO THE TERMINAL DISEASE OF	ONDINON ON EN INTERNATION	PERFORMED?
CAI				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 2D0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURED. (Enter natu	ra of injury in Part I or Part II o	of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCC	URRED 2De. PLACE OF INJU	IRY (Home, farm, 2Df. (City of	or town) (County	y) (Stata)
Hour a.m. Whila Not W		offica bldg., etc.)		
21. I certify that (I) (this hospital) attended the o				
saw the deceased alive on	62, and that death of	cured at 8:50, From	the causes and on the	e date stated above.
22e. SIGNATURE		NDING MED.	STAFF	22b. DATE SIGNED
Lynuld 10. Ele	M.D. PHYS.		PHYS.	1-22-1
22c. PHYSIZIAN'S	22d.	ADDRESS		
NAME (Type) pr. Donald C. Edgrei	11	Prince George!	s Plaza, Hyat	tsville,Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA			TION (City, town or county)	(State)
REMOVAL (Specify) 1-25-6.2 For	Fenceln Mi	ausoleum Bl	edenslurg	m &
24 FUNERAL DIRECTOR'S SIGNATURE	RPS -0 16	25e. REC'D BY REGISTR	AR 256. REGISTRAR'S SH	GNATURE
1010 10 10	wrecant and	C DANAN 3 1 '62	Christing 8. 9%	aus
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d. NAME OF HOSPITAL (If not in hospital, give street address)

IRENE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.

1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]

6. COLOR OR RACE

White

Thomas Raussillon

o. COUNTY Prince George

RURAL and give nearest town) 111e

6218 Barry Lane

b. CITY OR TOWN (If outside corporate limits, write

1. PLACE OF DEATH

NAME OF DECEASED

5. SEX

MEDICAL CERTIFICATION

(Type or print)

13. FATHER'S NAME

Female

MARYLAND

c. LENGTH OF STAY IN 16

7. MARRIED NEVER MARRIED

10a. USUAL OCCUPATION (Give kind of work done Rotling most of working life, even if retired)

Rotling Wash D.C.

WIDOWED |

Middle

L.

e. IS RESIDENCE

ON A FARM?

YES NO X

Year

19

Pr George

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? D.C.

INTERVAL BETWEEN

ONSET AND DEATH

Doys

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)

9. AGE (In years lost birthdoy) yrs.

Maryland

d. STREET ADDRESS

14. MOTHER'S MAIDEN NAME

WILSON

8. DATE OF BIRTH

DIVORCED | Nov. 3.1887

79-05-1694 Miss Ehhel Wilson

Forestville

6212 Barry Lane

4. DATE

Marie Salambo

b. COUNTY

January 6,1962

Address

Months

same as above.

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STIME OF ALIENDING PHISICIAN: The low requires from the deoff certificate be executed within 24 hours offer dedin. Toge 4	be ref. ed by the hospitol or ottending physicion.	ERAL ECTOR: After this certificate hos been signed by the ottending physicion ond completely filled in	4	ote Boord of Health prior to buriol, cremation, ar removol, and in ony event, within 72 haurs after death.
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200. ACCIDENT WAS UNDERLYING A 20b. DESCIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE MOW INJURY OCCURRED. (Enter natu	re of injury in Part I or Port II af item 1B.)	
Hour o. m. While	JURY OCCURRED Not while at work 20e. PLACE OF INJUI foctary, street, o	RY (Home, farm, 20f. (City or town) ffice bldg., etc.)	(Caunty) (State
21. I certify that (I) (this hospital) attende			1962 that (I) (we) lo
sow the deceased alive on 1-5	1962 and that deoth accur	red at P.M. fram the causes one	d on the dote stated above
Chomas F. CLE	ary M.D. ATTENI		22b. DATE SIGNE
22c. PHYSICIAN'S Thomas F.C	Cleary, MD. 22d. AL	Wash 28	Hill Rd SE
BURIAL, CREMATION, 23b. DATE THEREOF 1-9-62	23c. NAME OF CEMETERY OR CREMATOR Washington Nati		
funeral director's signature Lee Funeral Home - Wa	ADDRESS Ashington, D.C.		TRAR'S SIGNATURE
		ME CARN	

PART I. DEATH WAS CAUSED BY: couse (o), stoting the underlying couse last.

Conditions, if any, which gove rise to immediate

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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

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MARYLAND	STATE	DEPARTMENT	OF HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	01111 CERTIFICATE OF DEATH		
		. COUNTY -	
	5. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	nits, write RURAL and give nearest town	
4	Glenarden 2 mos / MITchelluil	lo (Kyrs)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 6/enarden Parkaray Mitchellville	Md e. IS RESIDENCE ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print) SVIVESTEN Middle VISON 4. DATE OF DEATH	Jan 4 1962	
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AG last Out 20-1878 9. AG Suly 20-1878	E (In years birthday) Months Days Haurs Min.	
	10a. USUAL OCCUPATION (Give and of wark dane during mast of working life even if retired) Farming Md.	12. CITIZEN OF WHAT COUNTRY?	
1	13. FATHER'S NAME	Travers	
1s. WAS DECEASED EVER IN U. S. ARMED FORCES? To. SOCIAL SECURITY NO. 17. INFORMANT			
(Yes, no, or upknown) (If yes, give wor or dates of service) Motman Wilson		1500	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PRE UMON 1 72	1 cop	
	Conditions, if any, which) (b) Congestive Heart Fai	Yere 2 mos	
	gove rise to immediate couse (a), stating the under-lying couse last. (b) Orgelliae The To Due To Provolized Arterius closes (c)	5	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	IDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. While Not while at work at work at work 19 at work 19 Not while Not while at work 19 Not while Not while Not while Not work 19 Not while Not while Not work 19 Not work 19 Not while Not work 19 No	wn) (County) (Stote)	
	21. I certify that (1) (this haspital) attended the deceased fram Nov. 7. 1961, to 7. 1962, that (1) (we) last		
	saw the deceased alive and 1962 and that death accurred at AtM, from the causes and an the date stated above. 22a. SIGNATURE 22b. DATE		
	DHOWN a CUISE , M.D. ATTENDING DIRECTOR STA		
	22c. PHYSICIAN'S NAME (Type) Henry A. Wise Fr. 9005 Volta St. Lanham, Ind.		
	23 EURIAL CREMATION, 23b. DATE THEREOF 2 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (** PEMOVAL (Specify) 18-62 HOLY FAMILY WOOD	City, frown, ar county) MORE Md (State)	
24. FUNERAL DIRECTOR'S SIGNATURE Sen 49 25 December 1 250. REGISTRAR'S SIGNATURE DATE AN 11 '62 Children S. Thomas			
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Enter Character Parkers In Abdull 6 Alle TUSSYM DEPENDENCE wasyare erzyell FORTHER METERS - Les champs & AND A COURT HEAVEST TO SEE SEE Extended of the selection The property of the property o Fency A. Wille on Als With St. Landon and 148-62 Holy Family - Weedmer ENA the self will self the self the self the self

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1/23/PUSUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) IM G 305 1 PLACE OF DEATH is necedirector. Parcour files.

Cour files. George's e. COUNTY b. COUNTY Prince Maryland Prince George's MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) Cederville vears Cederville d. STREET ADDRESS Pandywine . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? Brandywine YES NO T 3 to the fur.
y be retaine 4. DATE Last NAME OF Middle 1962 DECEASED Raymond January the DEATH (Type or print) Bonjamin Winston lawmond 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. with 5. SEX B. DATE OF BIRTH 66 (In yeer NEVER MARRIED 2 with s 1, 2, and 3 age 5 may 1 and 2 will 72 hours, Months Hours Colored Male WIDOWED [12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) Page done during most of working life, even if retired U.S.A. Maryland Retired School Teacher pages 1 PM3. 1 Mary Nichols Benjamin Winston FILE Malcolm Benjamin Winston, Trappe, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifxesgivewerordetesofservice) permit. Unknown Yes with INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) Office along v burial-transit p moval, and in ONSET AND DEATH Acute congestive heart failure PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease Offi if eny, geve rise to Immediate cause Examiner's (DUE TO (a), steting the underlying Ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED! 3 NO. pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY [] or CONTRIBUTING [writing to Chief I Chie. ICAL - Certificate, w. Led to the Chie. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dey, Year (County) fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry K Inspection and in my opinion forwarded to DIRECTO Natural causes X Homicide Undetermined manner death resulted from: Accident Suicide CHIEF MEDICAL EXAMINER the should be forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE January 14,1962 DEPUTY MEDICAL EXAMINER EXAMINER'S Boyd \$ P NAME (Type) ames Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, Jown, or country) (State) TREMOVAL (Specify) 40 g DUKIA 24a. REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE 28. FUNERAL DIRECTOR VS. A15ME Octhur & Krous 5M 9/60

DULLIE LODGE LEAGUE LEAGUE AND CONTROL EXPLOSED. Braffier Joseph Switz Popos Stand THE SECTION OF THE SE

d in by the funeral OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after after death and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Par 4 may be retained by the hospital or attending physician.

TO FUNE:

DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any—event, within 72 hours

			RTMENT OF HEALT				
	DIVISION OF STATISTICAL RESEARCE		F DEATH	BALTIMORE 1	, MARYLAN	11100	
	PLACE OF DEATH	2.	USUAL RESIDENCE (Where	deceesed lived, If Insti	itution: Residence l	before edmission)	
Prince George Maryland			e. STATE b. COUNTY Prince George				
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporete limits, write RL	JRAL end give nee	rest town)	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	L day	Hyattsville d. STREET ADDRESS			e. IS RESIDENCE	
	Prince George General		8154 Burnside	Rd.		ON A FARM?	
3.	NAME OF DECEASED (Type or print) Catharine	P. Who	od Ham DEAT		Dey	19 62	
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8. DA	ATE OF BIRTH	9. AGE (In yeers IF		UNDER 24 HRS.	
	Female White WIDOWED	DIVORCED MIN	RCH 15. 1879	82 yrs. M			
	in USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) HOUSE LUI FE A7	DOF BUSINESS OR INDUSTRY 1	1. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN OF V	VHAT COUNTRY?	
13.	FATHER'S NAME		MOTHER'S MAIDEN NAME		2001		
	- STEELE		UNKNOWN				
	WAS DECEASED EVER IN U.S. ARMED FORCES? 18, no, or unkown) (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one ceuse PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate ceuse		LILLIE MAE SHAM TS Heart D	217		Y AL BETWEEN T AND DEATH	
	(e), steting the underlying ceuse lest.	thros cla	erosis				
ATION	PART II, OTHER SIGNIFICANT CONDITIONS CONT.	RIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEAS	E CONDITION GIVEN	IN PART 1(e) 19.	PERFORMED?	
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. IN Hour e.m. While p.m. 19 et work		OF INJURY (Home, farm, 20f. (C street, office bldg., etc.)	lity or town)	(County)	(State)	
	21. I certify that (I) (this hospital) attended the deceased from 1962, and that death occurred at 7.0. M, from the causes and on the date stated above.						
	220. SIGNATURE James XII	the M.D.	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED	
	22c. PHYSICIAN'S Dr. C. Jame	s Duke	6607 Riverd	lale Rd.		, ,	

23d. LOCATION (City, town or county)

256. REGISTRAR'S SIGNATURE

arthur S. Krous

(Stete)

230. BURIAL, CREMATION, 23b. DATE THEREOF

BEMOVAL (Specify)

SOPP CITY CEMETERY

OPP

24 FUNERAL DIRECTOR'S SIGNATURE

Wallo Chambers

NIVERDALE, MD, Date JAN 9 62

VR A15 (4) 15M 9/60

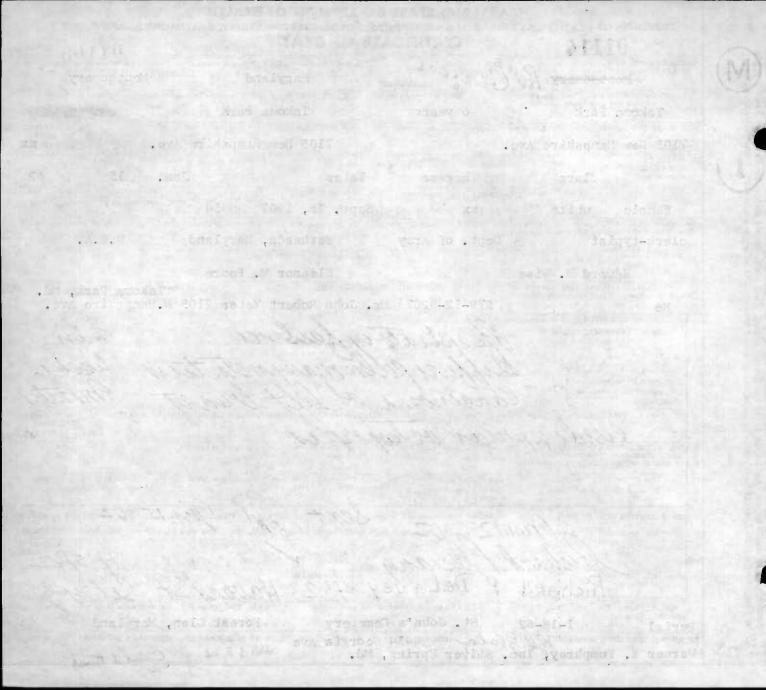
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01114

11 2 2 11

1. PLACE OF DEATH •. COUNTY Montgomery Ring Care Maryland	2. USUAL RESIDENCE 8. STATE Maryl		nstitution: Residence before admission TY Montgomery				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Takoma Park c. LENGTH OF STAY IN 1b	<i></i>	outside corporate limits, write a Park	RURAL end give neerest town)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE				
7105 New Hampshire Ave.	7105 New	Hampshire Ave	ON A FARM? YES NO				
3. NAME OF First Middle DECEASED (Type or print) Clara Theresa	Yates	4. DATE Month OF DEATH Jan					
7. MARKED TEVER MARKED	Sept. 15, 190	7 9. AGE (In yeers last birthdey) 54 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.				
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) clerk-typist Dept. of Army		, & Stete, or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	IAME					
Edward M. Wise	Eleanor M. Poore						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgivewerordetesofservice) No 16. SOCIAL SECURITY NO. 17. INFORMANT 579-12-8207 Mr. John Robert Yates 7105 N. Hampshire Ave.							
18. CAUSE OF DEATH [Enter only one ceuse per line or (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	y failu	re	INTERVAL BETWEEN ONSET AND DEATH				
Conditions, if any, which gave rise to immediate cause (b) Aughfull full	mmary	meterter	is libeki.				
(e), stating the underlying DUE TO CAROLINOMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	of left	bronst	- months				
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	arisis.		PERFORMED? YES NO M				
20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stete) factory, street, office bldg., etc.)							
21. I certify that (I) (this hospital) attended the deceased from 1966, to							
228. SIGNATURE Michael Melang M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 1/15/62 SIGNE							
22c. PHYSICIATYS Richard P. DeLakey 43.23 Havard St. Sel Eps.							
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 25c. NAME		23d. LOCATION (City, town Forest Glen,					
24 FUNERAL DIRECTOR'S SIGNATURE TO LINE. ADDRESS 8434 General E. Pumphrey Inc. Silver Spring. 1		D BY REGISTRAR 256. REG	The Paris of the last of the l				
	DAIL		Tithung & Harred				



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEAT 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. countrince George's · STATEMaryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) director. write RURAL end give neerest town) your Cheverky Kentland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 7613 Forest YES NO TO und be executed within 24 hours after death. If any d in pencil in Item 18. Give Pages 1, 2, and 3 to the fun Office along with form PM3. Page 5 may be retaine burial-transit permit. File pages 1 and 2 with the State oval, and in any event within 72-hours after death 3. NAME OF 4. DATE DECEASED (Type or print) Charles Yederlint c January DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR) IF UNDER 24 HRS. lest birthday) Male WIDOWED. 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Construction Carpenter U.S.A. Austria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within 24 Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 434 Jan-Mar Driv (Yes, no, or unkown) | (If yes give war or detes of service) Mario A. Yederlinic, Falls Church, Va NO 18. CAUSE OF DEATH [Enter only one cause per line for (e)] (b), end (c).] Office along w burial-transit po moval, and in a INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (e) Acute congestive heart failure DUE TO Conditions, if eny, which Rhaumatic heart disease (b) "pending" geve rise to immediate cause Chief Medical Examiner's DUE TO (e), sleling the underlying 50 cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION s the certificate, writing the word PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) forwarded to the Chief Me L DIRECTOR: Page 3 sho PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Slele) factory, street, office bldg., etc.) Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE **EXAMINER'S** DEPU NAME (Type) James I. Boyd Address (Street, city, town, or ounty) 22e, BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ₫ 4 O St. Charles Cemetery Farmingdele Long Island
ADDRESS | 240. REC'D BY REGISTRAR'S SIGNATURE VS. A15ME W. W. CHAMBERS CO., Riverdale, Md. 5M 9/60 Cothur & Haye

MARYLAND STATE DEPARTMENT OF HEALTH

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Thomas F. Collins, M.D. 322- H. St. M.D. Washington 2, L.C.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND RTIFICATE OF DEATH wit PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY a. COUNTY be filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest tawn) hauld e. IS RESIDENCE NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO 0 0 4. DATE Yeor NAME OF Middle Last Manth Day OF DEATH ages 1 DECEASED 19 (Type ar print) after death 9. AGE/(In years last birthdoy) 56 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED Manths Days Hours DIVORCED T 30,1905 WIDOWED F JUNE papers. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) carbon 13. FATHER'S NAME remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN "CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH ā PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o **DUE TO** Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture af injury in Part I ar Part II af item 1B.) 20c. TIME OF INJURY Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Stote) foctory, street, affice bldg., etc.) Hour o.m. While Nat while ot work at work 21. I certify that (1) (this haspital) attended the deceased from Dec 15., 19.55 to Tpy 26, 1962 that (1) (we) last 26 19 62 and that death accurred from the causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE SIGNED STAFF PHYS. MED. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City, tawn, ar caunty) 23Ь. DATE THEREOF 23c. NAME OF CEMETERY OR (State) 23a. BURIAL, CREMATION, page the Sta REMOVAL (Specify) HIGHLAND HARMONY MEM. PARK PARK, MARYKAND ADDRESS WASHINGTON . D. 26 REC'D BY REGISTRAR . 256 PERSTRAR'S SIGMATURE 9TH ST., VR A15 (4) 15M 9/59 JAN 3 0 arthur & Krays

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after death. Page

certificate be executed within 24 havrs

